

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 FEB 23 PM 2:41

**DOCUMENT # N41878 (2)**  
1. Corporation Name  
**L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5757 COLLINS AVE.  
ADMIN OFFICE  
MIAMI BCH. FL 33140  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0247650</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$9.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**KUPERSTEIN, STANLEY E  
5757 COLLINS AVE., APT 1201  
MIAMI BCH. FL 33140**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARCIA, ELDA 5757 COLLINS AVE., APT 806 MIAMI BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAGRISSE, ISREAL 5757 COLLINS AVE., APT 604 MIAMI BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARRUDA, LINEU J. 5757 COLLINS AVE., APT. 1905 MIAMI BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KUPERSTEIN, STANLEY 5757 COLLINS AVE., APT 1201 MIAMI BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PITZ, BARBARA 5757 COLLINS AVE., APT. 1201 MIAMI BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bernard Cantor, M.D. 5757 Collins Ave., Apt. 806 Miami Beach, FL 33140</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice President - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stanley Kuperstein 5757 Collins Ave., Apt. 1201-2 Miami Beach, FL 33140</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Treasurer - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joel Kupferman 5757 Collins Ave., Apt. 603 Miami Beach, FL 33140</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Secretary - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Maxine Fisher 5757 Collins Ave., Apt. 407 Miami Beach, FL 33140</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jacqueline Salazar, M.D. 5757 Collins Ave., Apt. 1403 Miami Beach, FL 33140</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel (Signature) **1/18/95** **305 531 1480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Zip