

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41878 (2)

1. Corporation Name

L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH. FL 33140
US**

Mailing Address

**5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH. FL 33140
US**

3. Date Incorporated or Qualified

01/30/1991

3a. Date of Last Report

02/23/1995

4. FEI Number

65-0247650

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUPERSTEIN, STANLEY E
5757 COLLINS AVE., APT 1201
MIAMI BCH. FL 33140**

81 Name

PAT PISANO

82 Street Address (P.O. Box Number is Not Acceptable)

5757 Collins Ave.

83

84

Miami BEACH

FL

85 Zip Code

33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
CANTOR, BERNARD MD**
STREET ADDRESS **5757 COLLINS AVE. APT. 806**
CITY-ST-ZIP **MIAMI BCH., FL 33140**

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **VD
KUPERSTEIN, STANLEY**
STREET ADDRESS **5757 COLLINS AVE. APT. 1201-2**
CITY-ST-ZIP **MIAMI BCH., FL 33140**

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **TD
KUPFERMAN, JOEL**
STREET ADDRESS **5757 COLLINS AVE. APT. 603**
CITY-ST-ZIP **MIAMI BCH. FL 33140**

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TITLE ☐ DELETE

NAME **SD
FISHER, MAXINE**
STREET ADDRESS **5757 COLLINS AVE. APT. 407**
CITY-ST-ZIP **MIAMI BCH., FL 33140**

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TITLE ☐ DELETE

NAME **D
SALAZAR, JACQUELIN MD**
STREET ADDRESS **5757 COLLINS AVE. APT. 1403**
CITY-ST-ZIP **MIAMI BCH., FL 33140**

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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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/96 305 868 8450

CR2E037 (12/95)