

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 Trust Fund Contribution:  \$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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KUPERSTEIN, STANLEY E, 5757 COLLINS AVE., APT 1201, MIAMI BCH. FL 33140  
10. Name and Address of New Registered Agent: 81 Name: PAT PISANO, 82 Street Address: 5757 COLLINS AVE., 83 City: MIAMI BEACH, FL, 84 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 of Pat Pisano] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CANTOR, BERNARD MD 5757 COLLINS AVE. APT. 806 MIAMI BCH., FL 33140	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD KUPERSTEIN, STANLEY 5757 COLLINS AVE. APT. 1201-2 MIAMI BCH., FL 33140	12 NAME	
TITLE	TD KUPFERMAN, JOEL 5757 COLLINS AVE. APT. 603 MIAMI BCH. FL 33140	13 STREET ADDRESS	
TITLE	SD FISHER, MAXINE 5757 COLLINS AVE. APT. 407 MIAMI BCH., FL 33140	14 CITY-ST-ZIP	
TITLE	D SALAZAR, JACQUELIN MD 5757 COLLINS AVE. APT. 1403 MIAMI BCH., FL 33140	21 TITLE	KUPERSTEIN, JOAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		22 NAME	5757 COLLINS AVE. APT. 1201-2
TITLE		23 STREET ADDRESS	MIAMI BEACH, FL 33140
TITLE		24 CITY-ST-ZIP	
TITLE		31 TITLE	
TITLE		32 NAME	
TITLE		33 STREET ADDRESS	
TITLE		34 CITY-ST-ZIP	
TITLE		41 TITLE	
TITLE		42 NAME	
TITLE		43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
TITLE		51 TITLE	
TITLE		52 NAME	
TITLE		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	
TITLE		61 TITLE	
TITLE		62 NAME	
TITLE		63 STREET ADDRESS	
TITLE		64 CITY-ST-ZIP	

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 of Bernard Cantor] DATE: 3/1/96 DAYTIME PHONE #: 305 8688450

CR2E037 (12/95)