

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 # N95000002564 (1)

1. Corporation Name

LWG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1674 MERIDIAN AVENUE
SUITE 208
MIAMI FL 33139

1674 MERIDIAN AVENUE
SUITE 208
MIAMI FL 33139

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1250 Lincoln Rd
Suite, Apt. #, etc.

26 1250 Lincoln Road
Suite, Apt. #, etc.

4. FEI Number

65-0589672

Applied For

Not Applicable

22 City & State

23 Miami Beach, Florida

27 City & State

28 Miami Beach, Florida

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33139

25 Country

29 33139

30 Country

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, LEO JR.
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

81 Name MICHAEL FELDMAN

82 Street Address (P.O. Box Number is Not Acceptable)
1135 KANE CONCOURSE

83

84 City BAY HARBOUR ISLAND FL 85 Zip Code 33154

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 617.0502, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLUECKMANN, FERDINAND	
STREET ADDRESS	1674 MERIDIAN AVENUE, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, ABE	
STREET ADDRESS	1228 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, JAMES	
STREET ADDRESS	1228 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FABRIZZIO CARLETTI	
1.3 STREET ADDRESS	1250 Lincoln Road # 209	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID COLOMINAS	
2.3 STREET ADDRESS	1250 Lincoln Rd # 402	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JORGE RIVAS	
3.3 STREET ADDRESS	1250 Lincoln Road # 505	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. CARLETTI

4-25-96

(305) 531-5817

CR2E037 (12/95)