


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004278 (7)**

1. Corporation Name

CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.



Principal Place of Business 6345 COLLINS AVE MIAMI BEACH FL 33140-33141	Mailing Address C/O THE CONTINENTAL GROUP 20815 N.E. 16TH AVE #B14 MIAMI BEACH FL 33179-2138
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3. Date Incorporated or Qualified 08/31/1994	3a. Date of Last Report 05/24/1996
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2. Principal Place of Business 6345 COLLINS AVE	2a. Mailing Address 6345 COLLINS AVE
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State MIAMI BEACH FL	27. City & State MIAMI BEACH FL
23. Zip 33141	28. Zip 33141
24. Country DADE	29. Country DADE

4. FEI Number 65-0516441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GALBUT, ABRAHAM A 999 WASHINGTON AVE. MIAMI BEACH FL 33139	
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10. Name and Address of New Registered Agent	
81. Name Dennis Eisinger	
82. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd.	
83. STE. 265-South	
84. City Hollywood	85. Zip Code 33021

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]* DATE: **2/25/97**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME KIRAT, YAFFA	
STREET ADDRESS 999 WASHINGTON AVE.	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BENJAMIN LIZETTE	
STREET ADDRESS 999 WASHINGTON AVE.	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE STD	<input type="checkbox"/> DELETE
NAME ROJAS, SARA	
STREET ADDRESS 999 WASHINGTON AVE.	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME STD SANCHEZ	
1.3 STREET ADDRESS 6345 COLLINS AVE APT	
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME RICHARD SCHECHER	
2.3 STREET ADDRESS 6345 COLLINS AVENUE	
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SARA ROJAS	
3.3 STREET ADDRESS 6345 COLLINS AVENUE	
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/25/97**

CR2E037 (9/96)