FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mostham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # No. Corporation Name

N96000006012 (6)

MATIS	SE TOWERS CONDOMINIUI	M ASSOCIATION, INC.			
Principal Piac	e of Business	Mailing Address			
2975 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180		2875 N.E. 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180-2800		Date Incorporated or Qualified	3a. Date of Last Report
				11/25/1996	<u>'</u>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
L		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stole		City & State			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Z _{(D}	Country	Trust Fund Contribution	
24	25	├ ¬ `	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ::] Yes : : No
24	9. Name and Address of Curren		30	10. Name and Address of New Reg	
			81 Name		
REINHARD, SANFORD N			82 Street Addre	ess (P.O. Box Number is Not Acceptab	(a)
2875 N.E. 191ST STREET			Street Addre	ess (r.o. box riginiber is not Acceptab	(c)
SUITE 404			В3		
NORTH	MIAMI BEACH FL 33180		84 City		B5 Zip Code
1			1 1 7		FL '
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named corporate	oration submits this statement for the proof on submits the proof of directors. I hereby acceptions	urpose of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statutes.	on's board of directors. Thereby accep	t the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature require		DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	REINHARD, SANFORD N	□ otten	1.2 NAME		Charige C Applicati
STREET ADDRESS	2875 N.E. 191ST STREET		1.3 STREET ADDRESS		
li	NORTH MIAMI BEACH FL 331	80			
CITY-ST-ZIP TITLE	D	DELETE	1,4 City-ST-ZIP 2.1 Title		Change Addition
NAME	HOCHBERG, CHERYLD D		2.2 NAME		
STREET ADDRESS	2875 N.E. 191ST STREET		2.3 STREET ADDRESS		
CITY-\$T-ZIP	NORTH MIAMI BEACH FL 331	80	2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VERA, JOSI		3.2 NAME		
STREET ADDRESS	2875 N.E. 191ST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331		3.4. C(TY+S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 DITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Madrica
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 oproporation 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 in changed, or on an attachment with an address.