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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH. FL 33140 US  
5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH. FL 33140 US

3. Date Incorporated or Qualified 01/30/1991  
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  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
KALLICHE, ANTHONY A. E  
BECKER & POLAIKOFF, P.A.  
5201 BLUE LAGOON DRIVE, #100  
MIAMI FL 33128

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 1/12/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CANTOR, BERNARD MD	
STREET ADDRESS	5757 COLLINS AVE. APT. 806	
CITY-ST-ZIP	MIAMI BCH., FL 33140	
TITLE	VD	DELETE
NAME	KUPERSTEIN, JOAN	
STREET ADDRESS	5757 COLLIN AVENUE APT. 1201-2	
CITY-ST-ZIP	MIAMI BCH., FL	
TITLE	TD	DELETE
NAME	KUPFERMAN, JOEL	
STREET ADDRESS	5757 COLLINS AVE. APT. 603	
CITY-ST-ZIP	MIAMI BCH. FL 33140	
TITLE	D	DELETE
NAME	SALAZAR, JACQUELIN MD	
STREET ADDRESS	5757 COLLINS AVE. APT. 1403	
CITY-ST-ZIP	MIAMI BCH., FL 33140	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE 1/12/98 305531/40

CR2E037 (10/97)