

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746397 (9)  
1. Corporation Name  
JEFFERSON VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1840 JEFFERSON AVE #303 MIAMI BEACH FL 33139 US		Mailing Address 1840 JEFFERSON AVE #303 MIAMI BEACH FL 33139 US		3. Date Incorporated or Qualified 03/22/1979	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2040447 Applied For 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	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIEKE, GERHARD 1840 JEFFERSON AVE #303 MIAMI BEACH FL 33139				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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	RICKE, GERHARD	1.1 TITLE		1.2 NAME	
STREET ADDRESS	1840 JEFFERSON AVE, #303			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI BEACH FL			2.1 TITLE	VP	2.2 NAME	BARBOLA FRANCISCO
				2.3 STREET ADDRESS	1840 JEFFERSON AVE # 102	2.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VP	NAME	PERDINANT, BARBOLA	3.1 TITLE	TD	3.2 NAME	MANUNAS JUDITH
STREET ADDRESS	1840 JEFFERSON AVE, #102			3.3 STREET ADDRESS	1840 JEFFERSON AVE	3.4 CITY-ST-ZIP	MIAMI BEACH FL
CITY-ST-ZIP	MIAMI BEACH FL			4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	TD	NAME	MANUEL ALONSO	5.1 TITLE	JD	5.2 NAME	BRANTIGAN MIKE
STREET ADDRESS	1840 JEFFERSON AVE, #101			5.3 STREET ADDRESS	1840 JEFFERSON AVE # 304	5.4 CITY-ST-ZIP	MIAMI BEACH FL
CITY-ST-ZIP	MIAMI BEACH FL			6.1 TITLE		6.2 NAME	
				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	SD	NAME	FERNANDEZ, CRISTINA				
STREET ADDRESS	1840 JEFFERSON AVE, #305						
CITY-ST-ZIP	MIAMI BEACH FL						
TITLE	DD	NAME	ELBA, POZO				
STREET ADDRESS	1840 JEFFERSON AVE, #204						
CITY-ST-ZIP	MIAMI BEACH FL						
TITLE		NAME					
STREET ADDRESS							
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: Sandra B. Mortham P.D. 4/25/98

CR2E037 (10/97)