FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # 70888	34 (2)							
SOUTH	HERN STAR CONDOMINIU	JM, INC.					läl ähehi minik ajnki ni	Die Bedes Debet ande	
Principal Place of Business Mailing Address									
114 601.000								in a ran ara n (44)	
	H FL 33139-6622		441 COLLINS AVE MIAMI BEACH FL 33139-6622						
						3. Date Incorporated or Qualified 05/04/1965	3a. Date of Le 02/01/		
2. Principal P	flace of Business	2a. Mailing Address	ailing Address			4. FEI Number	L	Applied For	
Suite, Apt.	#, etc.	Suite Ant # etc	Suite, Apt. #, etc.			59-1259375	•••	Not Applicable	
2		27	, ,			5. Certificate of Status Desired		75 Additional e Required	
City & Stat	e	City & State	├ ─┐ '			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
<i>Z</i> ip	Country Zip 29		Country			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Cur		1301			10. Name and Address of New Re			
****				81 Nam	e		·		
	DO, YUDENIA		82		at Addre	ss (P.O. Box Number is Not Acceptable))		
APT 3	LLINS AVE		ļ	83					
MIAMI BCH FL 33139									
				84 City			FI ' '	Zip Code	
 Pursuant or register 	to the provisions of Sections 617,05 red agent, or both, in the State of FI	502 and 617.1508, Florida Statute Iorida. Such change was authorize	es, the abored by the c	re-named	corporal	tion submits this statement for the purport of directors. I hereby accept the appoint	ose of changing its	registered office	
	ith, and accept the obligations of, S	ection 617.0503, Florida Statutes.		O. p.C	0 000	of dicoloid. Characy accept the appear	III TOTIL DO POGISTOR	30 ayeni. Lam	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	1E Registered	Agent signatu	e required v	when reinstating)	DATE		
12.	T	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		IORS IN 12	
TIFLE NAME	P Gallardo, Yudenia	• • • • • • • • • • • • • • • • • • •		11 THLE			Change	Addition	
STREET ADDRESS	441 COLLINS AVE		1.2 NAME 1.3 STREET ADDRESS						
DITY-ST-ZIP	MIAMI BCH FL			1.4 CITY-ST-ZIP					
IITL F	VP	DELETE	2.1 TiT		1		☐ Change	Addition	
NAME	KELLY, BILL		2 2 NA	ME					
STREET ADDRESS	441 COLLINS AVE A	MI DEAOU EL		REET ADORES	3				
CITY - ST - ZIP TITLE	MIAMI BEACH FL TD S⊋DELETE		2 4 CI	2 4 CITY - ST - ZIP		nactur	□ Change	M Addition	
NAME	SAMUEL, ANN	3		32 NAME S		annuel. ANN	⊠Change	e	
STREET ADDRESS	441 COLLINS AVE		33 STI	REET ADDRES	14	rector amuel, AND Ul Collins Are			
CITY-SI-ZIP	MIAMI BCH FL			Y-SI-ZIP	10	1.B, Fl			
TITLE	D	DELETE	4 1 T)T				Change	Addition	
NAME STREET ADDRESS	VEJRAZKA, JIM 441 COLLINS AVE		4. 2 NA						
CITY-ST-ZIP	MIAMI BCH FL			IEET ADDRES	·				
IIILÉ	D D	AM BOTT FE 4.8 ☑DELETE 5.1		Y-ST-ZIP E	1	7	Change	Addition	
IAME	HEMLICH, FLORENCE	•			11	einlich Floren	e Epotalige	Addition	
STHEET ADDRESS	444 0041 1110 4115		II.	53 STREET ADDRESS		11 Collins Ave	-		
DITY-ST-ZIP	MIAMI BEACH FL	MARK DEACH EL		Y+ST-ZIP	i	eimlich Floren 11 Collins Ave 1. B. FL			
TITLE	VP	P DELETE 61		.F	1		☐ Change	☐ Addition	
NAME	MCARTUR, BERTHA		6 2 NAI	ME					
STREET ADDRESS	441 COLLINS AVE		6 3 STF	EET ADORESS	- [
DIY-SI-ZIF	MIAMI BCH FL	ad with this files is not start at all	64 CH	Y-ST-ZIP	<u></u>				
oath, that		ninual report or supplemental annu rporation or the receiver or trustee	iai report is i empowere			the exemption stated in Section 119.07 and that my signature shall have the sa report as required by Chapter 617, Florid			

IGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTORY

JUNE 100 CAT HAND 1/24/96 (305) 532-69/2

Delta Description Delta Delt SIGNATURE: