02261999-90010-042-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0027854

DOCUMENT # 708884

1. Corporation Name
SOUTHERN STAR CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
441 COLLINS AVE MIAMI BEACH FL 33139-6622	441 COLLINS AVE MIAMI BEACH FL 33139-6622

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/04/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1259375 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALLARDO, YUDENIA 441 COLLINS AVE APT 3 MIAMI BCH FL 33139	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 Yudenia Gallardo 1/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE D	SEC/TREASURY	☐ Change ☒ Addition
NAME	GALLARDO, YUDENIA		12 NAME	FLORENCE GERBERG (D)	
STREET ADDRESS	441 COLLINS AVE		13 STREET ADDRESS	441 Collins Ave #8	
CITY-ST-ZIP	MIAMI BCH FL		14 CITY-ST-ZIP	Miami Beach Fla 33139	
TITLE	VP	☐ DELETE	21 TITLE D	Kelly, Bill (D)	☐ Change ☐ Addition
NAME	KELLY, BILL		22 NAME	44 Collins Ave #20	
STREET ADDRESS	441 COLLINS AVE A		23 STREET ADDRESS	M. B. Fla 33139	
CITY-ST-ZIP	MIAMI BEACH FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE	SAMUEL, ANN (D)	☐ Change ☐ Addition
NAME	SAMUEL, ANN		32 NAME	441 Collins Ave #17	
STREET ADDRESS	441 COLLINS AVENUE		33 STREET ADDRESS	Miami Beach, Fla 33139	
CITY-ST-ZIP	MIAMI BEACH FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	GALLARDO, Yudenia (D)	☐ Change ☐ Addition
NAME	VEJRAZKA, JIM		42 NAME	441 Collins Ave #3	
STREET ADDRESS	441 COLLINS AVE		43 STREET ADDRESS	Miami Beach, Fla 33139	
CITY-ST-ZIP	MIAMI BCH FL		44 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	STARR, JOYCE		52 NAME		
STREET ADDRESS	441 COLLINS AVE		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		54 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	AMARO, VERBENA		62 NAME		
STREET ADDRESS	441 COLLINS AVE		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		64 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Yudenia Gallardo 1/26/99 261615 (lw)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #