FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:10

DOCUMENT # 710327 (8)

1. Corporation Name
POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Principal Place of Business	Mailing Address
2895 POINT EAST DRIVE MIAMI FL 33160	2895 POINT EAST DRIVE MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1281661 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HERZ, DONALD
2930 POINT EAST DRIVE E114
MIAMI FL 33160

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HERZ, DONALD	1.2 NAME		
STREET ADDRESS	2930 POINT EAST DRIVE E114	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	SZEKELY, EVA	2.2 NAME		
STREET ADDRESS	2999 POINT EAST DRIVE C614	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	} Delete all	☒ Change ☐ Addition
NAME	SCHULTZER, INEZ	3.2 NAME		
STREET ADDRESS	2949 POINT EAST DRIVE B312	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	VTD	☐ Change ☒ Addition
NAME	KAPLAN, SHIRLEY	4.2 NAME		
STREET ADDRESS	2929 POINT EAST DRIVE A309	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	YOUNG, LOU	5.2 NAME	Marjorie Jordan	
STREET ADDRESS	2999 POINT EAST DRIVE C214	5.3 STREET ADDRESS	2930 Point East Drive E601	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Shirley Kaplan Director 1/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041501