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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 710327

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/08/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1281661 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate 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
ROBINSON, PAUL E 1590 NE 162 STREET SUITE 200 N MIAMI BEACH FL 33162	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 _____ 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	PTD	☒ DELETE	1.1 TITLE	P.D	☐ Change ☒ Addition
NAME	FRANK, SHIRLEY		1.2 NAME	Cohen, Mel	
STREET ADDRESS	2980 POINT EAST DR, SUITE D-307		1.3 STREET ADDRESS	2930 Point East DR. Suite E 402	
CITY-ST-ZIP	AVENTURA FL 33160		1.4 CITY-ST-ZIP	Aventura, Fl. 33160	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	GILBERT, SYLVIA		2.2 NAME	Pordy, Howard	
STREET ADDRESS	2999 POINT EAST DR, SUITE C109		2.3 STREET ADDRESS	2930 Point East DR. E-310	
CITY-ST-ZIP	AVENTURA FL 33160		2.4 CITY-ST-ZIP	Aventura, Fl. 33160	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	NUNES, LUIS		3.2 NAME	Nunes, Luis	
STREET ADDRESS	2999 POINT E DR, C-201		3.3 STREET ADDRESS	2999 Point East DR. C-201	
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	Aventura, Fl. 33160	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, PAUL		4.2 NAME		
STREET ADDRESS	2999 POINT EAST DR, SUITE C112		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33160		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SZEKELY, EVA		5.2 NAME		
STREET ADDRESS	2999 POINT EAST DR., C-614		5.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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: Mel Cohen PRES **REQUIRED** APRIL 15TH 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

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