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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 713201 (2)  
1. Corporation Name  
EAST VIEW CONDOMINIUM, INC.



Principal Place of Business Mailing Address  
1056 EUCLID AVE. MIAMI BEACH FL 33139  
1056 EUCLID AVE. MIAMI BEACH FL 33139-4978

3. Date Incorporated or Qualified 08/10/1967  
3a. Date of Last Report 03/22/1996  
4. FEI Number 59-2539918 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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
QUICANO, JOSE  
1056 EUCLID AVE #3  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
81 Name MARTHA MATANZO  
82 Street Address (P.O. Box Number is Not Acceptable) 1056 Euclid Ave # 4  
83  
84 City Miami Beach FL 85 Zip Code 33139-4978

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 *Martha Matanzo* MARTHA MATANZO 3-19-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  DELETE  
NAME QUICANO, MARIA I.  
STREET ADDRESS 1056 EUCLID AVE.  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE SD  DELETE  
NAME REBBE, BERTA  
STREET ADDRESS 1056 EUCLID ACE  
CITY-ST-ZIP MIAMI BCH FL  
TITLE D  DELETE  
NAME LIPSHAM, ROSE  
STREET ADDRESS 5001 COLLINS AVENUE #10D  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE O  DELETE  
NAME PELETO, GABRIEL  
STREET ADDRESS 504 14 ST  
CITY-ST-ZIP MIAMI BCH FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE SD  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME LIPSHAM, ROSE  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE PD  Change  Addition  
5.2 NAME MARTHA MATANZO  
5.3 STREET ADDRESS 1056 Euclid Ave # 4  
5.4 CITY-ST-ZIP Miami Bch Fl 33139-4978  
6.1 TITLE D  Change  Addition  
6.2 NAME Maximo Bimblich  
6.3 STREET ADDRESS 555 N.E. 15 St # 30F  
6.4 CITY-ST-ZIP Miami, FL 33132

14. I do 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: *Martha Matanzo* MARTHA MATANZO 3-19-97 (305) 674-8239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027334

CFR2037 (9/96)