


FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90010 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713201

1. Corporation Name
EAST VIEW CONDOMINIUM, INC.

Principal Place of Business 1056 EUCLID AVE. MIAMI BEACH FL 33139	Mailing Address 1056 EUCLID AVE. MIAMI BEACH FL 33139
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/10/1967
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2539918
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MATANZO, MARTHA 1056 EUCLID AVE #4 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name LUIS MONTANEZ 82 Street Address (P.O. Box Numbers Not Acceptable) 1056 EUCLID AVE 83 #1 84 City MIAMI BEACH FL 85 Zip Code 33139
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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 *[Signature]* **LUIS MONTANEZ PRESIDENT. 04-02-99.**
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 SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUICANO, MARIA I.		1.2 NAME	
STREET ADDRESS 1056 EUCLID AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATANZO, MARTHA		2.2 NAME	
STREET ADDRESS 1056 EUCLID AVE #4		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIDSMAN, ROSE		3.2 NAME	
STREET ADDRESS 5001 COLLINS AVENUE #10D		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASCACIBAR, OSCAR		4.2 NAME	
STREET ADDRESS 1056 EUCLID AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME MONTANEZ, LUIS	
STREET ADDRESS		5.3 STREET ADDRESS 1056 EUCLID AVE #1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 for the period 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 in an appointment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED PRESIDENT 3-16-99 (305) 672-6974**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LUIS MONTANEZ

CORPENT 411001