

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716152 (4)
 1. Corporation Name
910 JEFFERSON TOWERS, INC., A CONDOMINIUM



Principal Place of Business 910 JEFFERSON AVENUE MIAMI BEACH FL 33139	Mailing Address 910 JEFFERSON AVENUE MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/04/1969	3a. Date of Last Report 02/01/1996
4. FEI Number 59-2040665	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STEPHEN
 910 JEFFERSON AVENUE
 MIAMI BEACH FL 33139**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WASSERMAN, RITA	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, STEVE	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTERO, PAUL	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAAD, INGRID	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YABLONSKY, RAY	
STREET ADDRESS	910 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, FABIAN	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Director - Ingrid RAAD</i>
4.3 STREET ADDRESS	<i>910 Jefferson Ave</i>
4.4 CITY-ST-ZIP	<i>Miami Bch, Fla. - Retired</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED - J. 14 29 1997 (305) 531-0581

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