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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90039 008 \*\*\*\*70.00

0027889

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 716152**

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



2. Principal Place of Business

21 *910 Jefferson Ave*

Suite, Apt. #, etc.

22 *Miami Beach*

City & State

23 *FLA*

Zip

24 *33139*

Country

25 *USA*

2a. Mailing Address

26 *910 Jefferson Ave*

Suite, Apt. #, etc.

27 *Miami Beach*

City & State

28 *FLA*

Zip

29 *33139*

Country

30 *USA*

3. Date Incorporated or Qualified

*03/04/1969*

4. FEI Number

*59-2040665*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WASSERMAN, RITA  
 910 JEFFERSON AVE  
 #3A  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

*WASSERMAN, RITA*

82 Street Address (P.O. Box Number is Not Acceptable)

*910 Jefferson Ave*

83 *#3A*

84 City

*Miami Bch, FL*

FL

85 Zip Code

*33139*

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

*Rita Wasserman*

*Board of Directors*

*5/27/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

STD  
 NAME WASSERMAN, RITA  
 STREET ADDRESS 910 JEFFERSON AVE  
 CITY-ST-ZIP MIAMI BCH FL 33139

TITLE  DELETE

PD  
 NAME MONTERO, PAUL  
 STREET ADDRESS 910 JEFFERSON AVE  
 CITY-ST-ZIP MIAMI BCH FL 33139

TITLE  DELETE

D  
 NAME YEAGER, RACHEL  
 STREET ADDRESS 910 JEFFERSON AVE  
 CITY-ST-ZIP MIAMI BCH FL 33139

TITLE  DELETE

D  
 NAME VASILEVICH, ADELA  
 STREET ADDRESS 910 JEFFERSON AVENUE  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  DELETE

D  
 NAME PEREZ, FABIAN  
 STREET ADDRESS 910 JEFFERSON AVE  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

D  
 NAME WASSERMAN, RITA  
 STREET ADDRESS 910 Jefferson Ave  
 CITY-ST-ZIP MIAMI, Bch, FLA 33139

2.1 TITLE  Change  Addition

D  
 NAME MONTERO, PAUL  
 STREET ADDRESS 910 Jefferson Ave  
 CITY-ST-ZIP MIAMI BEACH, FLA 33139

3.1 TITLE  Change  Addition

STD  
 NAME Yeager, Rachel  
 STREET ADDRESS 910 Jefferson Ave  
 CITY-ST-ZIP MIAMI BEACH, FL. 33139

4.1 TITLE  Change  Addition

D  
 NAME VASILEVICH, ADELA  
 STREET ADDRESS 910 Jefferson Ave.  
 CITY-ST-ZIP MIAMI BEACH FL 33139

5.1 TITLE  Change  Addition

PD  
 NAME Carolina LeCoen  
 STREET ADDRESS 910 Jefferson Ave  
 CITY-ST-ZIP MIAMI BEACH, FL. 33139

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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)(l), 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: **SIGNATURE REQUIRED**

*6/1/99 (305) 674-9098*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RITA WASSERMAN Director*

Date

Daytime Phone #

CR2E037 (11/98)