

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 716900 (6)
 Corporation Name
LENOX VIEW CONDOMINIUM, INC.



Principal Place of Business: **947 LENOX AVE. APT. 504 MIAMI BEACH FL 33139**
 Mailing Address: **947 LENOX AVE. APT. 504 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **07/22/1969**
 4. FEI Number: **59-1383229**
 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**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 947 LENOX AVE.**
 Suite, Apt. #, etc.: **22 N/A**
 City & State: **23 MIAMI BEACH, FLA.**
 Zip: **24 33139** Country: **25 USA**
 2a. Mailing Address: **26 947 LENOX AVE.**
 Suite, Apt. #, etc.: **27 APT. # 203**
 City & State: **28 MIAMI BEACH, FLA.**
 Zip: **29 33139** Country: **30 USA**

9. Name and Address of Current Registered Agent
RIVAS, WALDO
947 LENOX AVE APT 403
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name ALICE POLITOU AKTHAR
82 Street Address (P.O. Box Number is Not Acceptable) 947 LENOX AVE.
83 APT. # 203
84 City MIAMI BEACH 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: *Alice Politou Akthar* - **Alice Politou AKTHAR 04/28/98**
Signature of new registered agent and, if applicable, registered agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE: DP	NAME: RIVAS, WALDO	<input checked="" type="checkbox"/>
STREET ADDRESS: 947 LENOX AVE. APT. 504	CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: DV	NAME: VILAR, CONNIE	<input checked="" type="checkbox"/>
STREET ADDRESS: 947 LENOX AVE. APT. 504	CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: T	NAME: VARELA, LAZARO	<input checked="" type="checkbox"/>
STREET ADDRESS: 947 LENOX AVE. APT. 504	CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE: S	NAME: BONNIN, FERNANDO	<input checked="" type="checkbox"/>
STREET ADDRESS: 947 LENOX AVE. APT. 504	CITY-ST-ZIP: MIAMI BEACH FL 33139	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: DP	1.2 NAME: ALICE POLITOU AKTHAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: 947 LENOX AV., APT. 203	1.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139		
2.1 TITLE: S	2.2 NAME: YOLANDA OSORIO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS: 947 LENOX AV., APT. 401	2.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139		
3.1 TITLE: T	3.2 NAME: LIDIA I. CRISTOBAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS: 947 LENOX AVE, APT. 202	3.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139		
4.1 TITLE: DV	4.2 NAME: OSVALDO FRAGA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS: 947 LENOX AVE, APT. 302	4.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139		
5.1 TITLE: DV	5.2 NAME: VIVIAN RUIZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS: 947 LENOX AVE, APT. 204	5.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139		
6.1 TITLE:	6.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
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)(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: *Lidia Cristobal* **Lidia Cristobal 04/28/98 (305) 673-7000 EXT 6317**

CR2E037 (10/97)