

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90007 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 716900

1. 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 202 MIAMI BEACH FL 33139 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 947 LENOX AVE.	26 Suite, Apt. #, etc.	07/22/1969
22 APT. 202	27 City & State	4. FEI Number
23 MIAMI BEACH	28 City & State	59-1383229
24 FLA.	29 Zip	5. Certificate of Status Desired <input type="checkbox"/>
25 33139	30 Country	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AKTHAR, ALICE P 947 LENOX AVE APT 203 MIAMI BEACH FL 33139	81 Name LIZZETTE BONILLA 82 Street Address (P.O. Box Number is Not Acceptable) 947 LENOX AVE, 83 APT. 403 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: *Lizette Bonilla* (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKTHAR, ALICE P	1.2 NAME	LIZZETTE BONILLA
STREET ADDRESS	947 LENOX AVE APT 203	1.3 STREET ADDRESS	947 LENOX AVE, APT 403
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO, YOLANDA	2.2 NAME	
STREET ADDRESS	947 LENOX AVE APT 401	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTOBAL, LIDIA I	3.2 NAME	
STREET ADDRESS	947 LENOX AVE APT 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGA, OSVALDO	4.2 NAME	
STREET ADDRESS	947 LENOX AVE APT 302	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, VIVIAN	5.2 NAME	
STREET ADDRESS	947 LENOX AVE APT 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33139	5.4 CITY-ST-ZIP	
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)(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: *Lizette Bonilla* REQUIRED 3/29/99 (305) 673-7000 x 6679  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0027891

CR2E037- (1198)