AMENDED REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 717849

1. Corporation Name
Crestview Towers Condominium Association, Inc.

Principal Place of Business	Mailing Address
2025 NE 164 Street N. Miami Beach, FL 33160	c/o J + M Mgmt 275 Fontainebleau Blvd Suite 210 Miami, FL 33172

3. Date Incorporated or Qualified: 12/29/69

4. FEI Number: 59-1357386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Steve Fein, Esq. 920 S. State Rd 7 Plantation, FL 33317	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300000285956 -- 5 -04/30/99--01111--021 *****61.25 *****61.25 83 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 _____ (Signature, typed or printed name of registered agent or officer if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Leah Heit 2025 NE 164 St #314 N. Miami Beach, FL 33160	☒ DELETE	11 TITLE D 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Glenda Isaacs 2025 NE 164 Street N. Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	Israel Michelson 2025 NE 164th St #608 N. Miami Beach, FL 33160	☒ DELETE	21 TITLE D 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	ISRAEL Michelson 2025 NE 164 Street N. Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Albert Kershner 2025 NE 164th St #516 N. Miami Beach, FL 33160	☒ DELETE	31 TITLE S/T 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Linette Blondet 2025 NE 164 Street N. Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Sherry Kershner 2025 NE 164th St #516 N. Miami Beach, FL 33160	☒ DELETE	41 TITLE VP 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Ernesto Heredia 2025 NE 164 Street N. Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Shirley Spack 2025 NE 164th Street #616 N. Miami Beach, FL 33160	☒ DELETE	51 TITLE P 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Ricardo Blondet 2025 NE 164 Street N. Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

4-20-99

CR2E037 (5/98)

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: Ricardo Blondet 12-30-98 (305)945-3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number