

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718608 (3)

JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business: 726 ARTHUR GODFREY RD, 2 FL, MIAMI BCH FL 33140, US
Mailing Address: 726 ARTHUR GODFREY RD, 2 FL, MIAMI BCH FL 33140, US

3. Date Incorporated or Qualified: **06/02/1970**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2520308**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SILVER, CHARLES, 631 JEFFERSON AVE S204, MIAMI BCH FL 33139**
10. Name and Address of New Registered Agent (81-85) fields.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SILVER, CHARLES		1.2 NAME	
STREET ADDRESS: 631 JEFFERSON AVE #204		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RODRIGUEZ, JOSE		2.2 NAME	Rodriguez, Jose
STREET ADDRESS: 631 JEFFERSON AVE #304		2.3 STREET ADDRESS	631 Jefferson Ave. # 304
CITY-ST-ZIP: MIAMI LAKES FL		2.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE: ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORETTI, BRENNO		3.2 NAME	MORETTI, BRENNO
STREET ADDRESS: 631 JEFFERSON AVE, #503		3.3 STREET ADDRESS	631 JEFFERSON AVE. # 503
CITY-ST-ZIP: MIAMI BEACH FL		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE: VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PIERRE, PAVONI		4.2 NAME	SD MIGUEL MARTINEZ
STREET ADDRESS: 631 JEFFERSON AVE S501		4.3 STREET ADDRESS	310 PONCE DE LEON BLVD.
CITY-ST-ZIP: MIAMI BCH FL		4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ZELL, JOSEPH		5.2 NAME	
STREET ADDRESS: 631 JEFFERSON AVE S303		5.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BEACH FL		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charles Silver* 4-10-96 672-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)