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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 719033

1. Corporation Name
RO-MONT SOUTH CONDOMINIUM "E", INC.

Principal Place of Business	Mailing Address
20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179	20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/25/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1359699 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WANER, FRED
20314 NE 2ND AVENUE
NORTH MIAMI BEACH FL 33179

E

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 Fred Waner Pres. 5-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, FRANK		1.2 NAME		
STREET ADDRESS	160 NE 203 TERR APT 23		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WANER, FRED		2.2 NAME		
STREET ADDRESS	160 NE 203 TERR APT 4		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP		
TITLE	2VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTEL, MAURICE		3.2 NAME		
STREET ADDRESS	160 NE 203 TERR APT 29		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURASSO, GINNY		4. 2 NAME		
STREET ADDRESS	160 NE 203 TERR APT 28		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RESERT, GRACE		5.2 NAME		
STREET ADDRESS	160 NE 203 TERR APT 32		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: Fred Waner Pres. **SIGNATURE REQUIRED** 5-10-99 305-770-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)