

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 719519 (1)  
1. Corporation Name  
PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION



Principal Place of Business 401 OCEAN DR 200 MIAMI BCH FL 33139 US	Mailing Address 401 OCEAN DR 200 MIAMI BCH FL 33139-6634 US
--	---

3. Date Incorporated or Qualified 10/15/1970	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1303251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 401 Ocean Drive Suite, Apt. #, etc. 22 SUITE 200 City & State 23 Miami Beach, Florida Zip 33139 Country DADE	2a. Mailing Address 26 401 Ocean Drive Suite, Apt. #, etc. 27 SUITE 200 City & State 28 Miami Beach, Florida Zip 33139 Country DADE
--	---

9. Name and Address of Current Registered Agent  
BEATRICE BAXTER  
401 OCEAN DR SUITE 200  
ROOM 201  
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent  
81 Name BEATRICE BAXTER, PRESIDENT  
82 Street Address (P.O. Box Number is Not Acceptable)  
401 Ocean Drive Suite 200  
83  
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 *Beatrice Baxter* Beatrice Baxter, Pres. 03/10/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	DE AUER, CHRISTINA	
STREET ADDRESS	401 OCEAN DRIVE APT 617	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	GOMEZ, ROBERTO	
STREET ADDRESS	401 OCEAN DRIVE APT 1021	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	VILASECA, JUAN	
STREET ADDRESS	401 OCEAN DRIVE APT 1020	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	RAPAPORT, MIRIAM	
STREET ADDRESS	401 OCEAN DRIVE APT 916	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FARMIGA, MARIA	
STREET ADDRESS	401 OCEAN DRIVE APT 914	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/>
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE APT 518	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Beatrice Baxter		
1.3 STREET ADDRESS	401 Ocean Drive Apt. 1005		
1.4 CITY-ST-ZIP	Miami Beach, Florida 33139		
2.1 TITLE	VD	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Theodore April		
2.3 STREET ADDRESS	401 Ocean Drive Apt. 518		
2.4 CITY-ST-ZIP	Miami Beach, Florida 33139		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MALCOLM KURZBAN		
3.3 STREET ADDRESS	401 Ocean Drive Apt. 1106		
3.4 CITY-ST-ZIP	Miami Beach, Florida 33139		
4.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ELLIOT SACKS		
4.3 STREET ADDRESS	401 OCEAN DRIVE Apt. 311		
4.4 CITY-ST-ZIP	Miami Beach, Florida 33139		
5.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	RAFAEL CORONA		
5.3 STREET ADDRESS	401 Ocean Drive Apt. 716		
5.4 CITY-ST-ZIP	Miami Beach, Florida 33139		
6.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	William Bugera		
6.3 STREET ADDRESS	401 Ocean Drive Apt. 711		
6.4 CITY-ST-ZIP	Miami Beach, Florida 33139		

14. I do 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 *Beatrice Baxter* Beatrice Baxter

CR2E037 (9/96)