SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Jul 25 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # E & B CONDOMINIUM APTS., INC. Principal Place of Business Mailing Address 7500 ABBOTT AVE 7500 ABBOTT AVE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1996 11/23/1970 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1364580 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 Zip Zφ Country 8. This corporation owes or has paid the current year Intangible Country ☐ Yes 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent RI Name SEGHERMAN.ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 82 7500 ABBOTT AVE 83 MIAMI BEACH FL 33141 84 City 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1 1 TITLE TATLE SEGHERMAN, ELLIOTT 1.2 NAME NAME 7500 ABBOTT AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE STD 2.1 TITLE TITLE HALASZ, CAROL 2.2 NAME NAME 7500 ABBOTT AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE SCHULMAN, BERTHA 3.2 NAME NAME 7500 ABBOTT AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZW Change Addition DELETE 4.1 TITLE TITLE FONTA, FRANCISO 4. 2 NAME NAME 7500 ABBOTT AVE. 4.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 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.

- OSIGNATIVE REQUIRED

FILED

10-10-97