

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra P. Alonzo
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:45

DOCUMENT # 720563 (6)
1. Corporation Name
MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6039 COLLINS AVE. MIAMI BEACH FL 33140

3. Date Incorporated or Qualified **03/23/1971** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-1377619** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL
44 W. FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

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 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE MICHAEL HYMAN DATE 2-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBERG, STANLEY 6039 COLLINS AVE MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAY, HENRY AND AZAN R 6039 COLLINS AVE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P SILVAR, JOSE 6039 COLLINS AVE MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOMEZ, SARA 6039 COLLINS AVE. MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SABO, SALAMON 6039 COLLINS AVE. MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERNANDEZ, ROLANDO 6039 COLLINS AVE. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR MAX DE PAULA 6039 COLLINS AVE. MIAMI BEACH - FL 33140
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT CURL, MARCELO 6039 COLLINS AVENUE MIAMI BEACH - FL 33140
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY HENRY KAY 6039 COLLINS AVE MIAMI BEACH - FL 33140

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: Salamon Sabo - Coensurer DATE: 2-17-95 DAYTIME PHONE #: 865-11247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR