

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 # 720563 (6)

1. Corporation Name
MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

800001776138
-04/11/96--01022--009
***61.25



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

Mailing Address
**6039 COLLINS AVE.
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified 03/23/1971	3a. Date of Last Report 04/11/1995
4. FEI Number 59-1377619	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 type="checkbox"/> No	

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
24 Country	29 Country
25	30

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	85 Zip Code
			FL	

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

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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEINBERG, STANLEY		1.2 NAME MURTON KOMLET
STREET ADDRESS 6039 COLLINS AVE		1.3 STREET ADDRESS 6039 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH FL		1.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DE PAULA, MAX		2.2 NAME LOIS ULKOVICH
STREET ADDRESS 6039 COLLINS AVE		2.3 STREET ADDRESS 6039 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL		2.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURL, MARCELLO		3.2 NAME MARCELLO CURL
STREET ADDRESS 6039 COLLINS AVE		3.3 STREET ADDRESS 6039 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL		3.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMEZ, SARA		4.2 NAME SARA GOMEZ
STREET ADDRESS 6039 COLLINS AVE.		4.3 STREET ADDRESS 6039 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33140		4.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SABO, SALOMON		5.2 NAME FRANKLIN BLECHER
STREET ADDRESS 6039 COLLINS AVE.		5.3 STREET ADDRESS 6039 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL		5.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE V.PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAY, HENRY		6.2 NAME HENRY KAY
STREET ADDRESS 6039 COLLINS AVE		6.3 STREET ADDRESS 6039 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL		6.4 CITY-ST-ZIP 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/96 305-865-4247
Date Daytime Phone #

CR2E037 (12/95)