

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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 722391 (0)
1. Corporation Name
MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1920 S. OCEAN DRIVE HALLANDALE FL 33009

3. Date Incorporated or Qualified **01/04/1972** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-1429262** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GERSTLE ROSEN MOSKOWITZ & ASSOC. P.A.
ONE TURNBERRY PLACE
19495 BISCAYNE BLVD #795
AVENTURA FL 33180**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERSKOWITZ, LEON	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	PODROG, WALTER	
STREET ADDRESS	1920 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FURMAN, ALBERT	
STREET ADDRESS	1920 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAY, BERNARD	
STREET ADDRESS	1920 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	TDA	<input checked="" type="checkbox"/> DELETE
NAME	FEIN, CHARLES	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEISTER, SAM	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	
CITY - ST - ZIP	HALLANDALE FL 33009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SAME
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Furman, Albert
2.3 STREET ADDRESS	1920 South Ocean Drive
2.4 CITY - ST - ZIP	Hallandale, Fl. 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	1920 South Ocean Drive
3.4 CITY - ST - ZIP	Hallandale, Fl. 33009
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Lazerick, Melvin
5.3 STREET ADDRESS	1920 South Ocean Drive
5.4 CITY - ST - ZIP	Hallandale, Fl. 33009
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Leon Herskowitz **LEON HERSKOWITZ, PRESIDENT** **MARCH 1, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)