

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722391 (0)
1. Corporation Name
MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1920 S. OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 1920 S. OCEAN DRIVE HALLANDALE FL 33009-5980
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1972	3a. Date of Last Report 04/17/1996
21	26	4. FEI Number 59-1429262		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312				10. Name and Address of New Registered Agent	
				61 Name	
				62 Street Address (P.O. Box Number is Not Acceptable)	
				63	
				64 City	65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSKOWITZ, LEON	1.2 NAME	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, ALBERT	2.2 NAME	BENAY, MARCUS
STREET ADDRESS	1920 S. OCEAN DRIVE	2.3 STREET ADDRESS	1912 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL.
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DAVID	3.2 NAME	FURMAN, ALBERT
STREET ADDRESS	1920 SOUTH OCEAN DRIVE	3.3 STREET ADDRESS	1920 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAY, BERNARD	4.2 NAME	FEIN, CHARLES
STREET ADDRESS	1920 SOUTH OCEAN DRIVE	4.3 STREET ADDRESS	1912 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	HALLANDALE, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZERICK, MELVIN	5.2 NAME	SCHARF, AL
STREET ADDRESS	1920 S OCEAN DRIVE	5.3 STREET ADDRESS	1912 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	HALLANDALE, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISTER, SAM	6.2 NAME	
STREET ADDRESS	1912 SOUTH OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	6.4 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.

SIGNATURE: _____ *Albert Furman*

CR2E037 (9/96)

Malaga Towers Condominium Association, Inc.

1912 - 1920 SOUTH OCEAN DRIVE
HALLANDALE, FLORIDA 33009

Phone: (305) 454-2977 or 454-3870

CONTINUED --

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TAYLOR, MICKEY
1912 SOUTH OCEAN DRIVE
HALLANDALE, FL. 33009



Addition