

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1920 S. OCEAN DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>1920 S. OCEAN DRIVE HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified <b>01/04/1972</b>		
4. FEI Number <b>59-1429262</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>HERSKOWITZ, LEON</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1912 SOUTH OCEAN DRIVE</b>	1.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL 33009</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>BENAY, MARCUS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1912 S. OCEAN DR.</b>	2.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>FURMAN, ALBERT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1920 S. OCEAN DR.</b>	3.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>FEIN, CHARLES</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1920 SOUTH OCEAN DRIVE</b>	4.2 NAME	<b>TD</b>
STREET ADDRESS	<b>HALLANDALE FL</b>	4.3 STREET ADDRESS	<b>Sam Meister</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1912 South Ocean Drive</b>
TITLE <b>D</b>	<b>SCHARF, AL</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1912 S. OCEAN DRIVE</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>HALLANDALE FL</b>	5.3 STREET ADDRESS	<b>David Rosen</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1920 South Ocean Drive</b>
TITLE <b>D</b>	<b>MEISTER, SAM</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1912 SOUTH OCEAN DRIVE</b>	6.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL 33009</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Marcus Benay* **MARCUS BENAY** April 4, 1998 (954) 454-2977

CR2E037 (10/97)