

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725185 (3)
1. Corporation Name
RO-MONT SOUTH GREEN CONDOMINIUM "TWX" INC

Principal Place of Business Mailing Address
20110 N.E. 2ND AVE 20110 N.E. 2ND AVE
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1972		3a. Date of Last Report 03/19/1996	
21		26		4. FEI Number 59-1645909		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	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

JOSEPHS, JOSEPH
20180 NE 2ND AVE
N. MIAMI BEACH FL 33179

81 Name ELOISE MARTINEZ
82 Street Address P.O. Box Number is Not Acceptable
20120 N.E. 2ND AVE
83
84 City N. Miami Beach FL 85 Zip Code 33179

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 Eloise Martinez Financial Secretary 8-8-97
(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	Phyllis Bevilacqua	Change	Addition
NAME	SOBEL, PHILIP			1.2 NAME			
STREET ADDRESS	20220 NE 2ND AVENUE			1.3 STREET ADDRESS	20120 NE 2ND AVE		
CITY-ST-ZIP	N MIAMI BCH, FL 00000			1.4 CITY-ST-ZIP	N. Miami Beach FL 33179		
TITLE	TD	DELETE		2.1 TITLE	VINCENT BATTAGLIA	Change	Addition
NAME	COHEN, SARAH			2.2 NAME			
STREET ADDRESS	20180 NE 2ND AVE 12			2.3 STREET ADDRESS	70 NE 202ND TER		
CITY-ST-ZIP	N MIAMI BCH, FL 00000			2.4 CITY-ST-ZIP	N. Miami Beach FL 33179		
TITLE	VPD	DELETE		3.1 TITLE	NICK SAADA	Change	Addition
NAME	SAMUELS, MONTY			3.2 NAME			
STREET ADDRESS	20180 NE 2ND AVENUE			3.3 STREET ADDRESS	70 NE 202ND TER		
CITY-ST-ZIP	N MIAMI BCH, FL 00000			3.4 CITY-ST-ZIP	N. Miami Beach 33179		
TITLE	SAP	DELETE		4.1 TITLE	ELOISE MARTINEZ	Change	Addition
NAME	ROSENSTOCK, JACK			4.2 NAME			
STREET ADDRESS	202 NE 2ND TERRACE			4.3 STREET ADDRESS	20120 NE 2ND AVE		
CITY-ST-ZIP	NORTH MIAMI BEACH FL			4.4 CITY-ST-ZIP	N. Miami Beach		
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] ORIGINAL SIGNATURE REQUIRED 7-18-97 305-6566000

CR2E037 (4/97)