


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725187** (9)
1. Corporation Name
RO-MONT SOUTH GREEN CONDOMINIUM "R" INC

Principal Place of Business 20110 NE 2ND AVE N MIAMI BEACH FL 33179	Mailing Address 20110 NE 2ND AVE N MIAMI BEACH FL 33179
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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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3. Date Incorporated or Qualified 12/22/1972	4. FEI Number 59-1645912	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BECKER, ROZ 20251 NE 2ND AVE N. MIAMI BEACH FL 33179
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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
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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	DTS <input checked="" type="checkbox"/> DELETE
NAME	MAYER, NICK
STREET ADDRESS	20251 NE 2ND AVE
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	BECKER, ROZ
STREET ADDRESS	20251 NE 2ND AVE
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	AD <input type="checkbox"/> DELETE
NAME	LURIE, SIDNEY
STREET ADDRESS	20251 NE 2ND AVE
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	M <input type="checkbox"/> DELETE
NAME	BLACKMAN, BEN
STREET ADDRESS	20251 NE 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phyllis Bedilacqua
1.3 STREET ADDRESS	20120 NE 2ND AVE
1.4 CITY-ST-ZIP	N. Miami Bch FL. 33179
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Becker Roslyn
2.3 STREET ADDRESS	20251 NE 2ND AVE
2.4 CITY-ST-ZIP	N. Miami Bch, Fla 33179
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Turie Sidney
3.3 STREET ADDRESS	20251 N.E 2ND AVE
3.4 CITY-ST-ZIP	N. Miami Bch, Fla 33179
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Blackman Ben
4.3 STREET ADDRESS	20251 N.E 2ND AVE
4.4 CITY-ST-ZIP	N. Miami Bch, FL. 33179
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice Pres.
5.3 STREET ADDRESS	Vicent Battaglia
5.4 CITY-ST-ZIP	70 N.E 2ND AVE
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Financial Sec.
6.3 STREET ADDRESS	Eloise Martinez
6.4 CITY-ST-ZIP	20120 N.E 2ND AVE
	N. Miami Bch, Fla 33179

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: *Roz Becker*

CR2E037 (10/97)