


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725547** (4)

1. Corporation Name

**FOUNTAIN TOWERS CONDOMINIUM, INC.**

Principal Place of Business

**7118 BONITA DRIVE APT. 204  
MIAMI BEACH FL 33141**

Mailing Address

**FOUNTAIN TOWERS CONDO ASSOC  
7118 BONITA DR #204  
MIAMI BEACH FL 33141-3004**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1973</b>		3a. Date of Last Report <b>02/16/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1579491</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. 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				10. Name and Address of New Registered Agent			
<b>GARCIA, RAFAEL 7118 BONITA DR., APT. 804 MIAMI BEACH FL 33141</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, RAFAEL</b>	1.2 NAME	
STREET ADDRESS	<b>7118 BONITA DR. #283</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDOLTO, GILBERT</b>	2.2 NAME	
STREET ADDRESS	<b>7118 BONITA DR 402</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORZHEMSKAYA, LARISA</b>	3.2 NAME	<b>TREASURER</b>
STREET ADDRESS	<b>7118 BONITA DR 301</b>	3.3 STREET ADDRESS	<b>SAME PERSON</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALTARIN, ISABEL</b>	4.2 NAME	<b>D</b>
STREET ADDRESS	<b>7118 BONITA DR 502</b>	4.3 STREET ADDRESS	<b>JOHN CALAS</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	4.4 CITY-ST-ZIP	<b>5600 SW 92nd. AVE.</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORENO, OCTAVIO</b>	5.2 NAME	
STREET ADDRESS	<b>7118 BONITA DR 203</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VITTORIO, BERRO</b>	6.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>7118 BONITA DR 405</b>	6.3 STREET ADDRESS	<b>MARIA ROJAS</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	<b>7118 BONITA DR. APT. 201</b>
			<b>M. BEACH, FL 33141</b>

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: Borzhemskaya **2/10/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020650

CR2E037 (9/96)