

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:41

DOCUMENT # **725763** (7)

1. Corporation Name
IMPERIAL HOUSE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
**5255 COLLINS AVE.
MIAMI BEACH FL 33140** **% THE CONTINENTAL GROUP
20815 NE 16TH AVE., STE. B-14
N. MIAMI BCH. FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1973** 3a. Date of Last Report **07/28/1994**
4. FEI Number **59-1552004** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CYPEN, STEPHEN
825 ARTHUR GODFREY ROAD
MIAMI BEACH FL**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sign when typed or printed name of registered agent and file 4 applications

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BASKI, EUGENE
STREET ADDRESS	5255 COLLINS AVE., APT. 8-G
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	T
NAME	TALLEN, STEVE
STREET ADDRESS	5255 COLLINS AVE., APT. 4-E
CITY - ST - ZIP	MIAMI BCH FL
TITLE	T
NAME	HARRIS, MAX
STREET ADDRESS	5255 COLLINS AVE., APT. 8-H
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	S
NAME	MONAT, ANN
STREET ADDRESS	5255 COLLINS AVE., APT. 4-F
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D
NAME	AVICK, BEN
STREET ADDRESS	5255 COLLINS AVE APT 14B/C
CITY - ST - ZIP	MIAMI BCH FL
TITLE	D
NAME	MENIN, BARRY
STREET ADDRESS	5255 COLLINS AVE., APT. 8-J
CITY - ST - ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. LEONARD HABER
2.3 STREET ADDRESS	5255 Collins Avenue, Apt. 10J
2.4 CITY - ST - ZIP	Miami Beach, FL 33140
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ruth Goldberg
3.3 STREET ADDRESS	5255 Collins Ave., Apt. 14E
3.4 CITY - ST - ZIP	Miami Beach, FL 33140
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Balogh - 9J
4.3 STREET ADDRESS	5255 Collins Avenue
4.4 CITY - ST - ZIP	Miami Beach, FL 33140
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hilde Baach Fremont
5.3 STREET ADDRESS	5255 Collins Avenue, 7F
5.4 CITY - ST - ZIP	Miami Beach, FL 33140
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elias Sussman
6.3 STREET ADDRESS	5255 Collins Ave., 2E
6.4 CITY - ST - ZIP	Miami Beach, FL 33140

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 1907(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Baski

3/21/95

305-866-7661