

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725763 (7)

1. Corporation Name

IMPERIAL HOUSE CONDOMINIUM, INC.

Principal Place of Business

5255 COLLINS AVE.  
MIAMI BEACH FL 33140

Mailing Address

% THE CONTINENTAL GROUP  
20815 NE 16TH AVE., STE. B-14  
N. MIAMI BCH. FL 33179-2138  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/12/1973

3a. Date of Last Report

04/19/1996

4. FEI Number

59-1552004

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CYPEN, STEPHEN  
825 ARTHUR GODFREY ROAD  
MIAMI BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROYCE, JOAN	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 7-G	
CITY-ST-ZIP	MIAMI BEACH FL	

1.1 TITLE	JUDD ARONSON (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5255 Collins Ave.	
1.3 STREET ADDRESS	Miami Beach, FL 33140	
1.4 CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HABER, LEONARD D	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 10J	
CITY-ST-ZIP	MIAMI BCH FL	

2.1 TITLE	JOE PALLANT (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5255 Collins Ave.	
2.3 STREET ADDRESS	Miami Beach, FL 33140	
2.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, MARTHA	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 9-H	
CITY-ST-ZIP	MIAMI BEACH FL	

3.1 TITLE	ELI SUSSMAN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5255 Collins Ave.	
3.3 STREET ADDRESS	Miami Beach, FL 33140	
3.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	RUBELL, MERA	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 8-E	
CITY-ST-ZIP	MIAMI BEACH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONAT, ANN	
STREET ADDRESS	5255 COLLINS AVENUE. APT. 4-F	
CITY-ST-ZIP	MIAMI BEACH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASKI, EUGENE	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 8-G	
CITY-ST-ZIP	MIAMI BEACH FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033333

CR2E037 (9/96)