SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725763

(7)

IMPERIAL HOUSE CONDOMINIUM, INC.

FILED
Jul 30 1998 8:00am
Secretary of State

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Daytime Phone #

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Principal Piac	e of Business	Malling Address		1	1 1 80 161 1 0010 11 00 1 3 2141 101			
5255 COLLINS AVE. MIAMI BEACH FL \$3140		% THE CONTINENTAL GROUP 20815 NE 18TH AVE., STE. B-14		3.	Date Incorporated or Qua	lified		
		N. MIAMI BCH. FL 3317	9	<u> </u>	FEI Number			Applied For
		US		"	59-1552004		h	lot Applicab
	lace of Business	2a. Mailing Address	5.	5. Certificate of Status Desired \$8.75 Addition Fee Require				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6.	Election Campaign Finance	cing		May Be
		27			Trust Fund Contribution			to Fees
City & Stat	8	City & State		7.	. Is this nonprofit corporation	on a homeowi	ne <u>rs associati</u>	on?
		28				Yes	No	
Zip	Country	Zip	Country	8.	This corporation owes or	•		
	25	29	30]		Personal Property Tax du		Yes	No
	9. Name and Address of Currer	nt Registered Agent	81 Na	ame	Name and Address of N	ew Kegisten	ed Agent	
OVERU A	TERM IPA I		[5]					
CYPEN, S			82 St	treet Address (F	P.O. Box Number is Not Ac	ceptable)		
	IUR GODFREY ROAD		83	· ·				
MIAMI BE/	AUN PL		""					
			84 Ci	ity		F	85 Zip	Code
4	o the annulaion of anotions 647 0500	and 617 1500 Florida Cictula	o the share some	d comparation a				olotoro d
office or re	o the provisions of sections 617.0502 egistered agent, or both, in the State of	of Florida. Such change was a	uthorized by the co	orporation's bo	ard of directors. I hereby ac	cept the appo	changing its re cintment as re	gistered
agent. I an	n familiar with, and accept the obligat	tions of, section 617.0503, Flo	rida Statutes.					
-								
IGNATURE .	Signature typed or printed name of registered ager	of and title if sonicable (N		ionahira rasukad ush	en reinstetina)	DATE	 _	
	Signature, typed or printed name of registered ager OFFICERS AN		IOTE: Registered Agent a			DATE		ORS IN 12
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NAME OF SIGNING OFFICER OR DIRECTOR