

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 727601 (7)
1. Corporation Name
MIMOSA CONDOMINIUM ASSOCIATION, INC

95 JAN 27 PM 4: 15

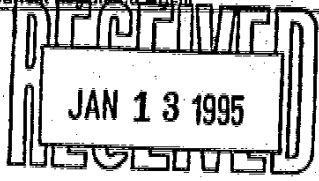
DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4747 COLLINS AVE MIAMI BEACH FL 33140		4747 COLLINS AVE MIAMI BEACH FL 33140	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1973	02/10/1994
4. FEI Number	Applied For
59-1511645	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARSION, JULIA
4747 COLLINS AVE.
MIAMI BEACH FL 33140



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

11. Pursuant to the provisions of Sections 607.0502 and 607.1699, 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: Julia Barsion DATE: 01-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSION, JULIA	1.2 NAME	
STREET ADDRESS	4747 COLLINS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAKTOR, EMIL	2.2 NAME	Katz, Alexander
STREET ADDRESS	4747 COLLINS AVE	2.3 STREET ADDRESS	4747 Collins Avenue
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, MAGDA	3.2 NAME	
STREET ADDRESS	4747 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL, LESLIE	4.2 NAME	Janet Cohen Isenstein
STREET ADDRESS	4747 COLLINS AVENUE	4.3 STREET ADDRESS	4747 Collins Avenue
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ALEXANDER	5.2 NAME	Katz, Raanan
STREET ADDRESS	4747 COLLINS AVE	5.3 STREET ADDRESS	4747 Collins Avenue
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUR, STANLEY	6.2 NAME	
STREET ADDRESS	4747 COLLINS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Julia Barsion DATE: 01-23-95 TIME: 305-532-6411