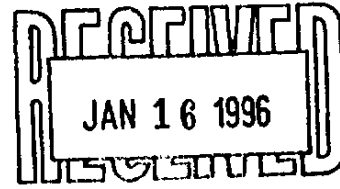


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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



DOCUMENT # 727601 (7)

1. Corporation Name

MIMOSA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

4747 COLLINS AVE
MIAMI BEACH FL 33140

4747 COLLINS AVE
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
09/27/1973

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1511645

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

8. 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

BARSION, JULIA
4747 COLLINS AVE.
MIAMI BEACH FL 33140

81 Name

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

300001733693
-03/06/96--01026--009

84 City

***61.25

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 *X Julia Barsion*

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BARSION, JULIA D
STREET ADDRESS 4747 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME KATZ, ALEXANDER D
STREET ADDRESS 4747 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL

2.1 TITLE Vice-President
2.2 NAME Isenstein, Janet Cohen
2.3 STREET ADDRESS 4747 Collins Avenue
2.4 CITY-ST-ZIP miami beach, FL 33140

TITLE S
NAME ROSENTHAL, MAGDA
STREET ADDRESS 4747 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME ISENSTEIN, JANET COHEN D
STREET ADDRESS 4747 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE Katz, Alexander
4.2 NAME 4747 Collins Avenue
4.3 STREET ADDRESS Miami Beach, FL 33140
4.4 CITY-ST-ZIP Treasurer

TITLE D
NAME KATZ, RAANAN
STREET ADDRESS 4747 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL

5.1 TITLE Director
5.2 NAME Weis, Isaac
5.3 STREET ADDRESS 4747 Collins Avenue
5.4 CITY-ST-ZIP Miami Beach, FL 33140

TITLE T
NAME KUR, STANLEY
STREET ADDRESS 4747 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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: *X Julia Barsion*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-96

(305)

532-6411

Daytime Phone #

CR2E037 (12/95)