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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4747 COLLINS AVE, MIAMI BEACH FL 33140
Mailing Address: 4747 COLLINS AVE, MIAMI BEACH FL 33140

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 09/27/1973
4. FEI Number: 59-1511645
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 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 BY: Julia Barsion Julia Barsion 02/01/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARSION, JULIA	
STREET ADDRESS	4747 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ISENSTEIN, JANET	
STREET ADDRESS	4747 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, MAGDA	
STREET ADDRESS	4747 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, ALEXANDER	
STREET ADDRESS	4747 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEIS, ISAAC	
STREET ADDRESS	4747 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	KATZ, ALEXANDER D
2.3 STREET ADDRESS	4747 COLLINS AVENUE
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	ISENSTEIN, JANET D
3.3 STREET ADDRESS	4747 COLLINS AVENUE
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAGDA ROSENTHAL D
4.3 STREET ADDRESS	4747 COLLINS AVENUE
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GLICK, SHARON
5.3 STREET ADDRESS	4747 COLLINS AVENUE
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 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: BY: JULIA BARSION 02/01/98 (305) 532-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)