FILE NOW: FILING FEE AFTER MAY 1 IS $1[illegible].00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:06

DOCUMENT # 749735 (7)

1. Corporation Name

THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4925 COLLINS AVENUE MIAMI BEACH FL 33140	4925 COLLINS AVENUE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1979	3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2036940	☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SITOMER, ROY
4925 COLLINS AVENUE
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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ✓ [signature] ✓ 4/17/95

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	NORMAN CIMENT, ESQ.
STREET ADDRESS	4925 COLLINS AVE
CITY ST ZIP	MIAMI BEACH FL
TITLE	P
NAME	KAUFMAN, JANE
STREET ADDRESS	4925 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH FL
TITLE	V
NAME	ISSOD, JAY
STREET ADDRESS	4925 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	T
NAME	COHEN, BRUCE
STREET ADDRESS	4925 COLLINS AVE.
CITY ST ZIP	MIAMI BCH. FL
TITLE	D
NAME	SCHIFF, LOUIS
STREET ADDRESS	4925 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	P - D	☑ Change ☐ Addition
2.2 NAME	Jay Issod	
2.3 STREET ADDRESS	4925 Collins Avenue	
2.4 CITY ST ZIP	Miami Beach, Fla.	
3.1 TITLE	V - D	☑ Change ☐ Addition
3.2 NAME	Norman Ciment	
3.3 STREET ADDRESS	4925 Collins Avenue	
3.4 CITY ST ZIP	Miami Beach, Fla.	
4.1 TITLE	T - D	✓ Change ☐ Addition
4.2 NAME	Louis Schiff	
4.3 STREET ADDRESS	4925 Collins Avenue	
4.4 CITY ST ZIP	Miami Beach, Fla.	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

REMITTED BY N...

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: [signature] 4/17/95 305-673-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jay Issod Pres.

0042104