


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752027 (3)**  
 1. Corporation Name  
**CARLTON BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business J & M MANAGEMENT 221 S.W. 22ND AVE. STE. 219 MIAMI FL 33135	Mailing Address 275 FONTAINE BLEAU BLVD. 200 MIAMI FL 33172 US
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3. Date Incorporated or Qualified  
**04/15/1980**

4. FEI Number <b>59-1998418</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 <b>275 Fontainebleau Blvd</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 22 <b># 200</b>
City & State 23 <b>Miami, FL</b>	City & State 27
Zip 24 <b>33172</b>	Country 25 <b>US</b>

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. 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  
**HYMAN & KAPLAN, P.A.**  
**150 W. FLAGLER STREET**  
**27 FLOOR**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name <b>Steven A. Fein</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>930 South State Ad. 7</b>
83
84 City <b>Plantation</b>
85 State <b>FL</b>
86 Zip Code <b>33317</b>

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: Steven A. Fein DATE: 1/21/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICHARDO, RAFAEL 2821 N.E. 163 STREET, #5D NMB FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBAS, MARGARET 2821 N.E. 163 STREET, #2R NMB FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVEQUE, GUS 2821 NE 163 STREET 5-0 N. MIAMI BEACH FL 33160	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, WAYNE 2821 N.E. 163 STREET, #2N N. MIAMI BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, AVA 2821 N.E. 163 STREET, #2K N. MIAMI BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOINES, JAMES 2821 N.E. 163 STREET, #3J N. MIAMI BEACH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE  Change  Addition  
**David Fambriani**  
**2821 N.E. 163 Street #40**  
**No. Miami Beach, FL 33160**

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: Steven A. Fein DATE: 1/21/98

CR2E037 (10/97)