

FILE NOW: FILING FEE IS \$61.2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752257 (6)

1. Corporation Name

1446 OCEAN DRIVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1446 OCEAN DRIVE
P O BOX 41-4110
MIAMI BEACH FL 33141

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P O BOX 41-4110
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified 04/30/1980	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1684364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 46 WOODS MANAGEMENT

22 City & State 27 2740 W 5 AVE.

23 Zip 28 HIALEAH

24 Country 25 33010 30 USA

9. Name and Address of Current Registered Agent

MADISON MANAGEMENT SYSTEMS
11600 N.E. 10TH AVENUE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Woods Management
82 Street Address (P.O. Box Number is Not Acceptable)
83 2740 W. 5 AVE.
84 City Hialeah FL 85 Zip Code 33010

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

Harold Schenk

Harold Schenk, Auth Agent

2/2/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	STARR, RITA	
STREET ADDRESS	1446 OCEAN DR. #38	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLANDO GALI	
STREET ADDRESS	5741 S.W. 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRAN GERTZ	
STREET ADDRESS	1446 OCEAN DRIVE #18	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DR DT	<input type="checkbox"/> DELETE
NAME	BELKOV, RAPHAEL	
STREET ADDRESS	895 WEST DILIDO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALDEZ, WILFRED	
STREET ADDRESS	1446 OCEAN DR. #8	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DR D P	<input type="checkbox"/> DELETE
NAME	WINCELE, HOWARD	
STREET ADDRESS	1446 OCEAN DR. #29	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAHIBAR SOL	
2.3 STREET ADDRESS	3101 INDIAN CREEK DR, APT 111	
2.4 CITY-ST-ZIP	MIAMI BEACH FL	
3.1 TITLE	GARANTE, FRAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GONZALEZ, VICTOR	
4.3 STREET ADDRESS	1446 OCEAN DR, APT 1	
4.4 CITY-ST-ZIP	MIAMI BEACH FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MUNOZ, RICARDO	
5.3 STREET ADDRESS	2730 SW 8 AVE, #203	
5.4 CITY-ST-ZIP	MIAMI, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BENIDI, MARGARITA	
6.3 STREET ADDRESS	1446 OCEAN DR.	
6.4 CITY-ST-ZIP	MIAMI BEACH FL	

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:

Howard Wincele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

305-279-7870

Daytime Phone #

CR2E037 (12/95)