

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Aug 27 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752856 (5)
 1. Corporation Name
 THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
 P.O. BOX 560215 P.O. BOX 560215
 MIAMI FL 33256 MIAMI FL 33256

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/09/1980 3a. Date of Last Report 04/21/1996
 4. FEI Number NOT APPLICABLE 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 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, MICHAEL, ESQ.
 HYMAN & KAPLAN, P.A.
 44 WEST FLAGLER STREET, 14TH FLOOR
 MIAMI FL 33130

10. Name and Address of New Registered Agent
 81 Name HYMAN, MICHAEL, ESQ.
 82 Street Address (P.O. Box Number is Not Acceptable) HYMAN & KAPLAN P.A.
 83 150 WEST FLAGLER, SUITE 2701
 84 City MIAMI FL 85 Zip Code 33130

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 *[Signature]* DATE 8/19/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTOPHER, CAROL	
STREET ADDRESS	1501 NE 150 ST. #103	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, JOYCE	
STREET ADDRESS	1447 NE 150 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PECHOVA, MARTA	
STREET ADDRESS	1480 NE 151 ST. #101	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, SYBIL	
STREET ADDRESS	1481 NE 150 ST. 104	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, JOSE	
STREET ADDRESS	1511 NE 150 ST #102	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS, GEORGIA	
1.3 STREET ADDRESS	1500 NE 151 ST #103	
1.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REID, SONIA	
2.3 STREET ADDRESS	1530 NE 151 ST #104	
2.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIVIERA, GUS	
3.3 STREET ADDRESS	19403 NW 11 STREET	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WINTER, ROMAN	
4.3 STREET ADDRESS	1570 NE 151 ST #103	
4.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVIDSON, DEVON	
5.3 STREET ADDRESS	2200 NE 199 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33180	
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 do 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: *[Signature]* SIGNATURE REQUIRED: THOMAS PRES. 7/31/97 (305) 661-1000

CR2E037 (4/97)