

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758280 (2)  
1. Corporation Name  
**CONDOMINIUM "B" ASSOCIATION AT MEDITERRANEA, INC**

Principal Place of Business: 323 IVES DAIRY RD, 12 MIAMI FL 33179 US  
Mailing Address: 323 IVES DAIRY RD, 12 MIAMI FL 33179 US



3. Date Incorporated or Qualified: 10/30/1981  
3a. Date of Last Report: 04/21/1995  
4. FEI Number: 59-2144951  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**SHAPIRO, ROBERT I.  
355 IVES DAIRY ROAD  
MIAMI FL 33179**

10. Name and Address of New Registered Agent (81-84)  
81. Name: Dennis J Eisenger, Esq.  
82. Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd, #265-S  
83. Phillips, Eisenger + Koss, P.A.  
84. City: Hollywood, FL 33021

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]*  
Signature, typed or printed name of registrant agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CROCKETT, HILDA	
STREET ADDRESS	323-03 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAMON LEVIN	
STREET ADDRESS	33701 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, LUCIA	
STREET ADDRESS	337-2 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, MEL	
STREET ADDRESS	323-06 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANNA, INGRID	
STREET ADDRESS	323-07 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROGER PEIXOTO	
13 STREET ADDRESS	387-9 IVES DAIRY RD.	
14 CITY-ST-ZIP	MIAMI, FL.	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RICHARD ACOSTA	
23 STREET ADDRESS	387-7 IVES DAIRY RD	
24 CITY-ST-ZIP	MIAMI, FL.	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	YUSTY SALTZMAN	
33 STREET ADDRESS	387-4 IVES DAIRY RD	
34 CITY-ST-ZIP	MIAMI, FL.	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MANNA, INGRID	
53 STREET ADDRESS	323-7 IVES DAIRY RD	
54 CITY-ST-ZIP	MIAMI, FL.	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

900001866689  
-06/19/96--01033--042  
\*\*\*\$61.25

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: *Ingrid Manna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5/1/96 (305) 653-1368  
Daytime Phone #

CR2E037 (12/95)