FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 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 # 766407 (1)

1. Corporation Name
IMPERIAL AT BRICKELL CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1627 BRICKELL AVENUE MIAMI FL 33129	1627 BRICKELL AVENUE MIAMI FL 33129-1223

3. Date Incorporated or Qualified: 01/05/1983
3a. Date of Last Report: 04/25/1996

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:

4. FEI Number: 59-2252245 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALLICHE, TONY
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

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 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 _____ DATE
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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, HARRY		1.2 NAME		
STREET ADDRESS	1627 BRICKELL AVENUE #1006		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAZER, FLORENCE		2.2 NAME		
STREET ADDRESS	1627 BRICKELL AVE. #2104		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALDANA, ADA		3.2 NAME		
STREET ADDRESS	1627 BRICKELL AVE #1804		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MAZER, FLORENCE~~		4.2 NAME		
STREET ADDRESS	~~1627 BRICKELL AVE #2104~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, CHARLOTTE S		5.2 NAME		
STREET ADDRESS	1627 BRICKELL AVE. #601		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		5.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	6.1 TITLE	President	☐ Change ☒ Addition
NAME	~~ADA, ALDANA~~		6.2 NAME	Samuel W. Gentry Jr	
STREET ADDRESS	~~1627 BRICKELL AVE. #1804~~		6.3 STREET ADDRESS	1627 Brickell Ave #2901	
CITY-ST-ZIP	~~MIAMI FL 33129~~		6.4 CITY-ST-ZIP	MIAMI, FL 33129	

CR2E037 (9/96)

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 _____ 4/9/97 DATE