

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 # **766621**

(7)

1. Corporation Name

168 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**168 S.E. 1ST STREET
SUITE 801
MIAMI FL 33131**

Mailing Address

**168 S.E. 1ST STREET
SUITE 801
MIAMI FL 33131**

3. Date Incorporated or Qualified
01/20/1983

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O Miami Management
Suite, Apt. #, etc.

26 C/O Miami Management
Suite, Apt. #, etc.

22 20803 Biscayne Blvd Ste. 203
City & State

27 20803 Biscayne Blvd. Ste. 203
City & State

23 Aventura FL

28 Aventura FL

Zip Country
24 33180

Zip Country
29 33180

4. FEI Number
59-2425018

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

10. Name and Address of New Registered Agent

**KAHN, DONALD
627 71ST STREET
MIAMI BEACH FL 33141**

**81 Name
SKRLD, Inc.**

**82 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle Ste. 1102**

83

**84 City
Coral Gables**

**85 Zip Code
FL 33134**

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 ☒ SKRLD, Inc. by *[Signature]* Secretary

4-25-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SHERMAN, ALAN JEFFREY**
STREET ADDRESS **168 S.E. 1ST STREET, #801**
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Howard Goldman**
1.3 STREET ADDRESS **168 SE 1st Ave #400**
1.4 CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ DELETE
NAME **VD GOLDMAN, HOWARD**
STREET ADDRESS **168 S.E. 1ST STREET, #400**
CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Marcello Sabino**
2.3 STREET ADDRESS **151 Crandon Blvd. #1024**
2.4 CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE ☐ DELETE
NAME **SD SOLOMON, BENDAYAN**
STREET ADDRESS **1300 BRICKELL AVE, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Leonard Abrams**
3.3 STREET ADDRESS **2055 SW 122 Ave Ste 128**
3.4 CITY-ST-ZIP **Miami FL 33175**

TITLE ☐ DELETE
NAME **TD MARCELO, LEONE**
STREET ADDRESS **1300 BRICKELL AVE, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Jorde Verite**
4.3 STREET ADDRESS **168 SE 1st St 5th Fl**
4.4 CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ DELETE
NAME **D MARCELO, SABINO**
STREET ADDRESS **1300 BRICKELL AVENUE, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Marcelo Leone**
5.3 STREET ADDRESS **C/O Agaxtur 168 SE 1st St #1100**
5.4 CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)