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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

MAY 1 96

3. Date incorporated or Qualified
01/20/19833a. Date of Last Report
01/20/19964. FEI Number
59-2425018Applied For
Not Applicable

2. Principal Place of Business

21 168 SE 1st Street

2a. Mailing Address

28 P.O. Box 110223

Suite, Apt. #, etc.

22 Suite 704

Suite, Apt. #, etc.

27 P.O. Box 110223

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33131

Country

26 U.S.A.

Zip

29 33131

Country

30 U.S.A.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAHN, DONALD
627 71ST STREET
MIAMI BEACH FL 33144

10. Name and Address of New Registered Agent

81 Name Nancy Lancy D.A.
82 Street Address (P.O. Box Number is Not Acceptable)
150 SE 2 AVENUE
83 Suite 500
84 City miami FL 85 Zip Code 33131

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, typed to printed name of registered agent, and see 11.0503.

NOTE: Registered Agent signature required when renouncing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	DELETE
NAME	SHERMAN, ALAN JEFFREY	
STREET ADDRESS	168 S.E. 1ST STREET, #801	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	VD	DELETE
NAME	GOLDMAN, HOWARD	
STREET ADDRESS	168 S.E. 1ST STREET, #400	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	SD	DELETE
NAME	SOLOMON, BENDAYAN	
STREET ADDRESS	1300 BRICKELL AVE, 2ND FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	MARCELO, LEONE	
STREET ADDRESS	1300 BRICKELL AVE, 2ND FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	MARCELO, SABINO	
STREET ADDRESS	1300 BRICKELL AVENUE, 2ND FLOOR	
CITY-STATE-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	Change	Addition
1.2 NAME	Howard Goldman		
1.3 STREET ADDRESS	168 SE 1st Street #400		
1.4 CITY-STATE-ZIP	Miami FL 33131		
2.1 TITLE	VD	Change	Addition
2.2 NAME	Marcelo Sabino		
2.3 STREET ADDRESS	1541 Brickell Ave #2905		
2.4 CITY-STATE-ZIP	Miami FL 33129		
3.1 TITLE	SD	Change	Addition
3.2 NAME	Leonard Abrams		
3.3 STREET ADDRESS	1 WG 1st Street #700		
3.4 CITY-STATE-ZIP	Miami FL 33132		
4.1 TITLE	TD	Change	Addition
4.2 NAME	Jordie Verite		
4.3 STREET ADDRESS	168 SE 1st Street #500		
4.4 CITY-STATE-ZIP	Miami FL 33131		
5.1 TITLE	D	Change	Addition
5.2 NAME	Marcelo Leone		
5.3 STREET ADDRESS	168 SE 1st Street #1100		
5.4 CITY-STATE-ZIP	Miami FL 33131		
6.1 TITLE		Change	Addition
6.2 NAME	700002214957		
6.3 STREET ADDRESS	-06/17/97-01077-035		
6.4 CITY-STATE-ZIP	***\$1.25		

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)(b), 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: