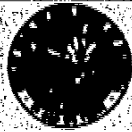


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02901 (9)
1. Corporation Name
**BLEAU FONTANE CONDOMINIUM ASSOCIATION NUMBER ON
E, INC.**

Principal Place of Business Mailing Address
**C/O GAURANTEE MANAGEMENT SERVICES, INC.
111 FONTAINBLEAU BLVD.
MIAMI FL 33172**

3. Date Incorporated or Qualified 05/07/1984	3a. Date of Last Report 03/04/1994
4. FEI Number 59-2457712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent FRISCHER, STEVEN PA 7600 RED RD STE 224 S MIAMI FL 33143		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **STEVEN FRISCHER, ATTORNEY**

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

(NOTE: Registered Agent signature required when nonattorney)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANCHO, JOHN	1.2 NAME	JUAN TURRO
STREET ADDRESS	9437 FONT. BLVD. #212	1.3 STREET ADDRESS	9435 FONT BLVD. 112
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL. 33172
TITLE	VP	2.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURRO, JUAN	2.2 NAME	MIRIAM JIMENEZ
STREET ADDRESS	9435 FONT BLVD 112	2.3 STREET ADDRESS	9441 FONT BLVD. 114
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI, FL. 33172
TITLE	SD	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMENEZ, MARIAM	3.2 NAME	MARC ALPERT
STREET ADDRESS	9441 FONT. BLVD. #114	3.3 STREET ADDRESS	9445 FONT BLVD. 201
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI, FL. 33172
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVAJAL, LOURDES	4.2 NAME	
STREET ADDRESS	9445 FONT BLVD 201	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARIT, TERESA	5.2 NAME	
STREET ADDRESS	9437 FONT. BLVD. #205	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File 2/95 (307) 889-0980