

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 # N02901 (9)

1. Corporation Name
BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER ON E, INC.



Principal Place of Business	Mailing Address
C/O GAURANTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172	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 04/19/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2457712	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRISCHER, STEVEN PA
7600 RED RD STE 224
S MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURRO, JUAN	1.2 NAME	Turro, Juan
STREET ADDRESS	9435 FONT BLVD 112	1.3 STREET ADDRESS	9435 Font Blvd. #112
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, MIRIAM	2.2 NAME	Jimenez, Miriam
STREET ADDRESS	9441 FONT BLVD 114	2.3 STREET ADDRESS	9441 Font Blvd., #114
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALPERT, MARC	3.2 NAME	Stickler, Neil S.
STREET ADDRESS	9445 FONT BLVD 201	3.3 STREET ADDRESS	9439 Font Blvd. #108
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gerardo Silva
STREET ADDRESS		4.3 STREET ADDRESS	9441 Font Blvd. #106
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Neil S. Stickler Neil S. Stickler, Pres. 1/22/96 (305)559-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)