SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N22806

1. Corporation Name: Centrum Pembroke Owners Association Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 10/2/87
3a. Date of Last Report: 5/95

2. Principal Place of Business
21 Clinton International Group, Inc.
Suite, Apt # etc.
22 2121 Ponce de Leon Blvd.
City & State
23 Coral Gables FL
Zip
24 33134
County
25 Dade

2a. Mailing Address
Suite, Apt # etc.
Blvd.
City & State
28 Coral Gables
Zip
29 33134
County
30 Dade

4. FEI Number: 65-0042085 — 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 [X] No

9. **Name and Address of Current Registered Agent**

Lloyd J. Boggio
2121 Ponce de Leon Blvd.
Coral Gables FL 33134

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 Section 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

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	D	[ ]
NAME	Lloyd J. Boggio	
STREET ADDRESS	2121 Ponce de Leon Blvd.	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	[ ]
NAME	Stewart Marcus	
STREET ADDRESS	2121 Ponce de Leon Blvd.	
CITY-ST-ZIP	Coral Gables Fl 33134	
TITLE	~~D~~	[X]
NAME	~~Richard Goldberg~~ Nancy Marshall	
STREET ADDRESS	2121 Ponce de Leon Blvd	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		[ ]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1 TITLE		[ ]	[ ]
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		[ ]	[ ]
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE	D	[ ]	[X]
3 NAME	Richard Goldberg		
3 STREET ADDRESS	2121 Ponce de Leon Blvd.		
3 CITY-ST-ZIP	Coral Gables Fl 33134		
4 TITLE		[ ]	[ ]
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		[ ]	[ ]
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ]	[ ]
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

300001863853
-06/17/96--01047--031
***225.00

CR2E034 (3/96)

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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Lloyd J. Boggio 6/3/96 305 441-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR