FILE	NOW:	FILING	FEE	IS	\$61.25 ⁻
NONPROFIT		O WELL	El (אחוםר	DEDARTMENT O

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	N27485
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MEDITERRANEAN VILLAGE CONDOMINIUM NO. ONE ASSOCIATION INC.

Principal Place of Business Mailing A	ddress
NORTH MIAMI BEACH, FL NORT	ISLAND BOULEVARD H MIAMI BEACH, FL 0-4914

33100-4914			3160-491	.4			3. Date Incorporated or Qu. 7/18/1988	alified			ast Report 1995
2. Principal Place of Busin	ness	2a.	Mailing Addres	s			4. FEI Number		<u> </u>		Applied For
21			26				65-0071225				Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		28	City & State				6. Election Campaign Finan Trust Fund Contribution	cing			.00 May Be ded to Fees
Zip 24	Country 25	29	Zıp	30 Cou	ntry		This corporation has liabilities Florida Statutes	_	-	tax und	der s. 199.032,
9. Name	and Address of Cur	rent Regist	ered Agent				10. Name and Address of N	lew Reg	istered	Agent	
SKRLD, INC. 201 ALHAMBRA UNIT 1102 CORAL GABLES		ı			81 82 83	Name Street Addre	oss (P.O. Box Number is Not Ac	ceptabl	e)		
					04	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	Signature, typed or printed name of registered agent and title if applicable	(NOTE P	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	VD DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	GROSS, JEROME		1.2 NAME			
STREET ADDRESS	3900 ISLAND BLVD.		1.3 STREET ADDRESS			
CITY - ST - ZIP	N.MIAMI BEACH, FL 33160	İ	1.4 CITY - ST - ZIP			
TITLE	VD X	DELETE	21 TITLE	VD	X Change	Addition
NAME	FRIEDMAN, HARRIS		2.2 NAME	KRAMER, ROBERT		
STREET ADDRESS	3900 ISLAND BLVD.		2.3 STREET ADDRESS	3900 ISLAND BLVD.		
CHTY - ST - ZIP	N.MIAMI BEACH, FL 33160		2 4 CITY-ST-ZIP	N.MIAMI BEACH, FL 33160		
TITLE	\(VD \)	DELETE	3 1 TITLE		Change	Addition
NAME	PALLOT, S. RONALD		32 NAME			
STREET ADDRESS	3900 ISLAND BLVD.		3 3 STREET ADDRESS			
CITY-ST-ZIP	N.MIAMI BEACH, FL 33160		3.4. CITY-ST-ZIP			
TITLE	STD	DELETE	4.1 TITLE		Change	Addition
NAME	SUTTIN, DORIS		4. 2 NAME			
STREET ADDRESS	3900 ISLAND BLVD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	N.MIAMI BEACH, FL 33160		4.4 City-St-zip	•		
TITLE	D	DELETÉ	51 TITLE	D	X Change	Addition
NAME	BEHAR, ARTHUR		5.2 NAME	BROWN, IRVING		
STREET ADDRESS	3900 ISLAND BLVD.		5.3 STREET ADDRESS	3900 ISLAND BLVD.		
CITY - ST - ZIP	N.MIAMI BEACH, FL 33160		5.4 CITY - ST - ZIP	N.MIAMI BEACH, FL 33160		
TITLE	D	DELETE	6.1 TITLE		Change	Addition
NAME	LAINE, MELVIN	1	6.2 NAME	2000017489	22	_
STREET ADDRESS	3900 ISLAND BLVD.		6 3 STREET ADDRESS	-03/19/9601025	036	
CITY - ST-ZIP	N.MIAMI BEACH, FL 33160		64 CITY-ST-ZIP	***61.25		

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)(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:

Melvi SIGNATURE AND TYPED OR PRINTED NAME OF CHOMING OFFICER OR DIRECTOR

Melvin Laine

305-937-7898

Daytime Pri

CR2E037 (12/95)