

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N32058**

1. Corporation Name
THE CARRIAGE CLUB SOUTH CONDOMINIUM ASSOC., INC.

Principal Place of Business: **5001 Collins Avenue Miami Beach, Fl 33140**
Mailing Address: **5001 Collins Avenue Miami Beach, Fl 33140**

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

3. Date Incorporated or Qualified
3a. Date of Last Report: **4/25/95**
4. FEI Number: **65-0124848**
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 No

9. Name and Address of Current Registered Agent
Salek Lessman
5001 Collins Avenue
Miami Beach, Fl 33140

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. **600001859286**
84. City: **06/12/96-01021-041 ***61.25 FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SALEK LESSMAN	
STREET ADDRESS	5001 Collins Avenue	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	ADINA STERN	
3. STREET ADDRESS	5001 Collins Avenue	
4. CITY-ST-ZIP	Miami Beach, Fl 33140	
5. TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	HARRIET WEISS	
7. STREET ADDRESS	5001 Collins Avenue	
8. CITY-ST-ZIP	Miami Beach, Fl 33140	
9. TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	SARA HALPERIN	
11. STREET ADDRESS	5001 Collins Avenue	
12. CITY-ST-ZIP	Miami Beach, Fl 33140	
13. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	MURRAY ENGEL	
15. STREET ADDRESS	5001 Collins Avenue	
16. CITY-ST-ZIP	Miami Beach, Fl 33140	
17. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	EVA KAPLAN	
19. STREET ADDRESS	5001 Collins Avenue	
20. CITY-ST-ZIP	Miami Beach, Fl 33140	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	MINA ZAUDERER	
23. STREET ADDRESS	5001 Collins Avenue	
24. CITY-ST-ZIP	Miami Beach, Fl 33140	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Salek Lessman* **Salek Lessman** **5/23/96** **864-7370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)