

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N43797 (2)**  
1. Corporation Name  
**MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3400 N.E. 192ND STREET AVENTURA FL 33180</b>	Mailing Address <b>3400 N.E. 192ND STREET AVENTURA FL 33180-2462</b>
--	---

3. Date Incorporated or Qualified <b>06/11/1991</b>	3a. Date of Last Report <b>01/30/1996</b>
4. FEI Number <b>65-0276144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**SIEGFRIED, STEVEN M. (ATTORNEY)  
SUITE 1102  
201 ALHAMBRA CIRCLE  
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  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0302 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>LANDAU, MORT</b>
STREET ADDRESS	<b>3400 NE 192ND ST # 406</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>AVSD</b> <input type="checkbox"/> DELETE
NAME	<b>MARTEL, MARTIN</b>
STREET ADDRESS	<b>3400 NE 192ND ST # 1112</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SILVERSTEIN, FRED</b>
STREET ADDRESS	<b>3400 NE 192ND ST., UNIT 612</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>TOME, CLAUDIO</b>
STREET ADDRESS	<b>3400 NE 192ND ST #1208</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BARNETT, STANLEY</b>
STREET ADDRESS	<b>3400 NE 192ND ST #2008</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Weinberger, Morton</b>
1.3 STREET ADDRESS	<b>3400 N.E. 192nd St., #1809</b>
1.4 CITY-ST-ZIP	<b>Aventura, Fl. 33180</b>
2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Martin Whitten</b>
2.3 STREET ADDRESS	<b>3400 N.E. 192nd St., #404</b>
2.4 CITY-ST-ZIP	<b>Aventura, Fl. 33180</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Tome, Claudio</b>
4.3 STREET ADDRESS	<b>3400 N.E. 192nd St., #1208</b>
4.4 CITY-ST-ZIP	<b>Aventura, Fl. 33180</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *[Signature]* **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone # **0033464**

CR2E037 (9/96)