


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90032 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43797

1. Corporation Name
MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3400 N.E. 192ND STREET AVENTURA FL 33180	Mailing Address 3400 N.E. 192ND STREET AVENTURA FL 33180
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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	3. Date Incorporated or Qualified 06/11/1991	4. FEI Number 65-0276144 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 617.0502 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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERBER, MORTON	1.2 NAME	
STREET ADDRESS	3400 NE 192 ST #1809	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEL, MARTIN	2.2 NAME	
STREET ADDRESS	3400 NE 192ND ST #112	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, FRED	3.2 NAME	
STREET ADDRESS	3400 NE 192ND ST., UNIT 612	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOME, CLAUDIO	4.2 NAME	
STREET ADDRESS	3400 NE 192ND ST #1208	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACHMAN, GUSTAVO	5.2 NAME	
STREET ADDRESS	3400 NE 192ND ST #605	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	5.4 CITY-ST-ZIP	
TITLE	VD <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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURES REQUIRED *JAN 18, 1999*

CR2E037 (11/98)