

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47406 (6)

1. Corporation Name

1446 LENNOX CONDO ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1446 LENOX AVE.
APT. 10
MIAMI BCH. FL 33139
US

1446 LENOX AVE.
APT. 10
MIAMI BCH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1825 PINE DE LEON BVD.

22 City & State

27 348
City & State
28 CORAL GABLES FLA

23 Zip Country

29 33134 30 VS

24

29 33134 30 VS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/18/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0383273

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 No

10. Name and Address of New Registered Agent

81 Name

THE LEIGHTON CRISTOBOL GROUP INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1825 PINE DE LEON BVD.

83

SUITE 348

84

CORAL GABLES

FL

85 Zip Code

33134

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 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 true applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ORTIZ, DAVID
STREET ADDRESS 1446 LENOX AVE., #8
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD
NAME PARKER, SCOTT
STREET ADDRESS 1573 PENN AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE STD
NAME ORTIZ, DAVID
STREET ADDRESS 1446 LENOX AVE., #8
CITY-ST-ZIP MIAMI BEACH FL

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

1.1 TITLE PD
1.2 NAME DAVID VARNI
1.3 STREET ADDRESS 1446 LENOX AVE #6
1.4 CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE STD.
3.2 NAME MARILYN KRAMER
3.3 STREET ADDRESS 1446 LENOX AVE #3
3.4 CITY-ST-ZIP MIAMI BEACH FL 33139

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96

Date

957-45-45

Daytime Phone #

CR2E037 (3/96)