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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. [redacted]n
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	~~1825 PONCE DE LEON BLVD.~~ 1446 LENOX ~~#348~~ #10 ~~CORAL GABLES FL 33134-4418~~ Miami Beach, FL 33139

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/18/1992	3a. Date of Last Report: 08/06/1996
21	26 SY-LO ENT. CORP.	4. FEI Number: 65-0383273	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 557967	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33255 / Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~THE LEIGHTON CRISTOBOL GROUP, INC.~~ ~~1825 PONCE DE LEON BLVD.~~ UNITED PROP. MNGMT. ~~STE 348~~ POBOX 557967 ~~CORAL GABLES FL 33134~~ MIAMI, FLA 33255-7967	81 Name SY-LO ENTERPRISES CORP. 82 Address (P.O. Box Number is Not Acceptable) 6430 SW 42 TERRACE 83 84 City MIAMI FL 85 Zip Code 33155

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 Emma Mayo 4-5-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLAVIO, VARNI - D 1446 LENOX AVE., #6 MIAMI BEACH FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002334180--3 -10/30/97--01089--001 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PARKER, SCOTT mkramer 1573 PENN AVE ~~MIAMI BEACH FL~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SCOTT ROMESBURG 1446 LENOX AVE #4 M.B., FL 33139 mkramer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KRAMER, MARILYN mkramer 1446 LENOX AVE., #3 ~~MIAMI BEACH FL 33139~~	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition SECRETARY SCOTT ROMESBURG - D 1446 LENOX AVE. #4 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition TREASURER MARILYN KRAMER - D 1446 LENOX AVE. #3 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 10/29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

[redacted] 9.7.97 No. 894

CR2E037 (9/96)