

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50470 (6)

1. Corporation Name
RO-MONT SOUTH CONDOMINIUM "N," INC.



Principal Place of Business 20314 NE 2 AVE NORTH MIAMI BEACH FL 33179	Mailing Address 20314 NE 2 AVE NORTH MIAMI BEACH FL 33179-2344
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3. Date Incorporated or Qualified 08/20/1992	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1499069	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent SIEGEL, BLANCHE 135 NE 202 TERR N-28 N MIAMI BEACH FL 33179	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	FL 85. Zip Code

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: *Blanche Siegel* (NOTE: Registered Agent signature required when reinstating) DATE: 1/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SIEGEL, BLANCHE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 NE 202 TERR N-28	1.2 NAME	
STREET ADDRESS	N MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SILLEE, SAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 NE 202 TERRACE N-6	2.2 NAME	
STREET ADDRESS	N MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD ZEVATOR, DOROTHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 NE 202 TERR N-7	3.2 NAME	
STREET ADDRESS	N MIAMI BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TUZZA, NANCY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 NE 202 TERRACE N-31	4.2 NAME	
STREET ADDRESS	N MIAMI BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<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 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: *Blanche Siegel* (305) 653-2664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone # 0033270

CR2E037 (9/96)