

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000001279 (9)
 1. Corporation Name
THE SHELBOURNE APARTMENT BUILDING, INC.



Principal Place of Business 710 JEFFERSON AVE MIAMI BEACH FL 33139	Mailing Address PO BOX 398988 MIAMI BCH FL 33239-8988
--	---

3. Date Incorporated or Qualified 03/19/1993	
4. FEI Number 65-0457251	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SMOYER, AMY
710 JEFFERSON AVENUE
MIAMI BEACH FL 33139

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

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

TITLE	T <input type="checkbox"/> DELETE
NAME	BOWER, MATILDE
STREET ADDRESS	1442 JEFFERSON AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	RUSS, DENIS A
STREET ADDRESS	1205 DREXEL AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	GENE, SUAREZ
STREET ADDRESS	800 WEST AVE., #744
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLDER, CHERYL
STREET ADDRESS	16555 N.W. 28TH AVE.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	P <input type="checkbox"/> DELETE
NAME	MARTIN, ERNEST
STREET ADDRESS	1000 N. RIVER DR., #114
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PRESS, BEVERLY
STREET ADDRESS	710 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Suarez, Gene
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
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 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: *Gene Suarez* 1/13/98 (309) 531-0012

CR2E037 (1097)

Shelbourne Apartment Building, Inc.
EIN # 65-045751

Attachment to Document # N93000001279 (9)

List of Additional Officers

P

Marcus, Arthur
744 Euclid Avenue
Miami Beach, FL 33139

V

Smith, Robert
700 Brickell Avenue
Miami, FL 33131

D

Datorre, Roberto
410 - 16th Street
Miami Beach, FL 33139

D

Rodriguez, Victor
P.O. Box 530978
Miami, FL 33153

D

Wallace, Steffi
11098 Biscayne Blvd.
Miami, FL 33161