## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



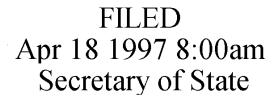
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N9400003638 (3)



1211 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.															
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1211 PENNSYLVANIA AVE.  MIAMI BEACH FL 33139  C/O BOGEN - ST. 809  NEW YORK NY 10001-4105											Qualified	3a.	Date of Last		ri
A Driveteel D	A alaba a a					07/22/1994 4. FEI Number				04/25/1996					
- '	lace of Business	<u> </u>	2a. Mailing Address					4. FEI Number   Applied   Not Applied   Not Applied							
Suite, Apt.	#. etc.		Suite, Apt. #, etc.										\$8.7		
22		27	<del></del>					5. Certifi	cate of S	status De	sired			Requir	
City & State	e	City & S	tate					6. Election	n Camp	aign Fin	ancing		\$5.0	O May	y Be
23	······································	28	·					Trust I	und Co	ntributio	<u> </u>	ᆜ	Adde	d to Fe	888
Zip	Country	Zip			Country								le tax under	's. 199	9.032,
24	9. Name and Address of Curre	29	ent	30				Florida 10. Name	Statute			Yes			
	g. Haile Bild Address Of Coll	aur vedistelen ve	- Filt		Bil	Name		IU. Maille	MIIO AU	CIUSS C	1 1404 11	Aistate	u Ayelli		
00000	のよずいへい いいこうりょくよういうい ぐこりいがん	CEC INC		1	1										
	RATION INFORMATION SERVIC	GES INC.			82	Street	Addres	s (P.O. Bo	x Numbe	er is Not	Accepta	ple)			
	ayes street Iassee fl 32301			ŀ	83										
IALLA	AGGEL PL GEGOT				_										· <del></del>
					84	City						F	L.   85   Zi	p Code	Ð
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508,	Florida Statut	es, the ab	evo.	-named	corpor	ation subm	lts this s	tatemer	t for the			its re	gistered
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such igations of, Section	change was a 617,0503. Fit	authorized orida Statu	i by utes.	the corp	ooratio	n's board o	f directo	rs. I her	eby acce	pt the a	ppointment	as regi	istered
SIGNATURE		.gaoo., cooo				,									
SIGNATURE	Signature typed or printed name of registered a	agent and title if applicable	. (NOT	E Registered	Agen	nt signature	required	when reinstating				DATE			
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS		13.				ADDITI	ONS/CH	ANGES	TO OFFI	CERS A	ND DIRECT		
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NAME	BOGEN, RITA	p				ADDRESS	ושוו	en Pu	`	roca	mail	lati			
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I NAME	BOGEN, CLAUDIA	•		3.2 NA			1						Per Alvert	_	
STREET ADDRESS	245 E. 13TH ST. #12			1		ADDRESS	ĺ								
CITY-SI-ZIP	NEW YORK CITY NY 10003	3		3.4. CITY			Ì								
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CITY-ST-ZIP			<del></del>	6.4 CIT	IY-ST	r-ZIP	<u> </u>		12 2	·					
14. I do here	by certify that the information suppl	lied with this filing of	does not quali	ty for the	exer	mption s	tated i	n Section 1	19.07(3)	(i), Flori	da Statut	es. I furti	her certify th	at the	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). 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 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 33 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/97 212-563-482

Daytime Phone # 0075071