


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004278 (7)
1. Corporation Name
CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

Principal Place of Business 6345 COLLINS AVE MIAMI BEACH FL 33141 US	Mailing Address 6345 COLLINS AVE MIAMI BEACH FL 33141 US
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3. Date Incorporated or Qualified
08/31/1994

4. FEI Number 65-0516441	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**EISINGER, DENNIS
4000 HOLLYWOOD BLVD
SUITE 285-SOUTH
HOLLYWOOD FL 33021**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	NAME SANCHEZ, JOSE	1.1 TITLE PD	1.2 NAME MARIA ACOSTA
STREET ADDRESS 6345 COLLINS AVE	CITY-ST-ZIP MIAMI BEACH FL	1.3 STREET ADDRESS 6345 COLLINS AVE	1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE VPD	NAME SCHECHER, RICHARD	2.1 TITLE	2.2 NAME
STREET ADDRESS 6345 COLLINS AVE	CITY-ST-ZIP MIAMI BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE PD	NAME ROJAS, SARA	3.1 TITLE STD	3.2 NAME ROJAS, SARA
STREET ADDRESS 6345 COLLINS AVE	CITY-ST-ZIP MIAMI BEACH FL	3.3 STREET ADDRESS 6345 COLLINS AVE	3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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: _____ Date: **2-10-98**

CFR2E037 (10/97)