

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 033 ****61.25

DOCUMENT # N950000008603

1. Entity Name
 ST. LOUIS CONDOMINIUM INC. ✓
 ASSOCIATES

Principal Place of Business **Mailing Address**

800 CLAUGHTON ISLAND DRIVE
 MIAMI FL 33131

2. Principal Place of Business **3. Mailing Address**

same same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

33131 USA 33131 USA

4. FEI Number **Applied For**

65-0558472 Not Applicable

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

6. Name and Address of Current Registered Agent

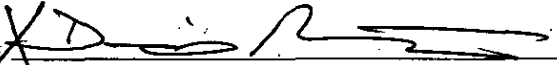
7. Name and Address of New Registered Agent

Name DAVID ROTHSTEIN

Street Address (P.O. Box Number is Not Acceptable)
 200 SOUTH DISCAYNE AVE.

City MIAMI **FL** **Zip Code** 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  **DATE** 5/1/2000

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	GLORIA DECKARD. <input type="checkbox"/> Delete
NAME	PRESIDENT
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	FRANKLIN Mc Gee
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	TREASURER. <input type="checkbox"/> Delete
NAME	JAMES GAETJENS
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	SERGIO MORONI
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	EDWARD ZAHRAWITZ
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Date** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)