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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000736

1. Corporation Name
FORTUNE HOUSE CONDOMINIUM ASSOCIATION, INC.

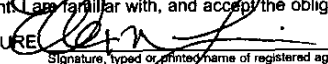
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE PENTHOUSE ONE MIAMI FL 33133	Mailing Address 2601 SOUTH BAYSHORE DRIVE PENTHOUSE ONE MIAMI FL 33133
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 02/12/1996	4. FEI Number 65-0747430	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	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	
23. City & State	27. City & State			
24. Zip Country	29. Zip Country			

9. Name and Address of Current Registered Agent GOODKIND, BRIAN K ESQ. ADORNO & ZEDER, P.A. 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name Leibovitch, Ellen M. 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive 83 Suite 1600 84 City Miami FL 85 Zip Code 33133
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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:  **Ellen M. Leibovitch** DATE: **4/30/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME INFANTE, MARIE E	1.1 TITLE D/V/T	1.2 NAME Padron, Irving
STREET ADDRESS 3802 S.W. 79 AVENUE, UNIT 120	CITY-ST-ZIP MIAMI FL 33155	1.3 STREET ADDRESS 2601 S. Bayshore Drive, PH-1	1.4 CITY-ST-ZIP Miami, FL 33133
TITLE VDAS	NAME PEREZ-CISNEROS, TERESA	2.1 TITLE D	2.2 NAME Gonzalez, Jose Antonio
STREET ADDRESS 1420 S. BAYSHORE DRIVE, UNIT 308	CITY-ST-ZIP MIAMI FL 33131	2.3 STREET ADDRESS 2601 S, Bayshore Drive, PH-1	2.4 CITY-ST-ZIP Miami, FL 33133
TITLE STD	NAME GOODKIND, BRIAN K	3.1 TITLE D/P/S	3.2 NAME SAME Name and Address
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1600	CITY-ST-ZIP MIAMI FL 33133	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
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, with all other like empowered.

SIGNATURE:  **Irving Padron, Vice President** DATE: **4/30/99** DAYTIME PHONE #: **305-856-3200**

CR2E037 (11/98)