

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001354 (7)
Corporation Name
760 CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.



Principal Place of Business 760 JEFFERSON AVE MIAMI BEACH FL 33139	Mailing Address 760 JEFFERSON AVE MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 03/12/1996	
4. FEI Number NOT APPLICABLE	Applied For <input 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 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 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

GOLDBERG, ALFRED
2895 COLLINS AVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

B1 Name	F. E. KNAUB
B2 Street Address (P.O. Box Number is Not Acceptable)	760 JEFFERSON AVE # 3
B3 City	MIAMI BEACH, FL
B4 City	FL
B5 Zip Code	33139

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: F. E. Knaub **F. E. KNAUB, Secy/Treas** DATE: **3-31-98**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARUELO, EUGAR	
STREET ADDRESS	760 JEFFERSON AVE #7	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SC	<input checked="" type="checkbox"/> DELETE
NAME	SASSON, AL	
STREET ADDRESS	3144 SHERIDAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, ALFRED	
STREET ADDRESS	2895 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARVELO, EDGAR	
1.3 STREET ADDRESS	760 JEFFERSON AVE. #7	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLER, RICHARD	
2.3 STREET ADDRESS	760 JEFFERSON AVE #11	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
3.1 TITLE	D/ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	F. E. KNAUB	
3.3 STREET ADDRESS	760 JEFFERSON AVE. #3	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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: F. E. Knaub **F. E. KNAUB** **3-31-98** **305-531-1819**

CR2E037 (10/97)