

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 016 ****70.00

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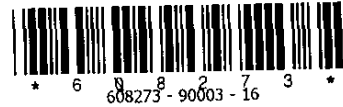
1. Corporation Name

PRINCE MICHAEL CONDOMINIUM ASSOCIATION, INC
2618 COLLINS AVE
MIAMI BEACH, FLA 33140

Principal Place of Business

Mailing Address

2618 COLLINS AVE
MIAMI BEACH, FLA 33140
COMPLETE AND RELIABLE
9745 SW 72nd st STE 211
MIAMI, FL 33173



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2618 COLLINS AVE

26 9745 SW 72nd ST

7/24/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27 211

City & State

65-0752141

Not Applicable

23 MIAMI BEACH FL

28 MIAMI FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

24 33140 25 DADE

29 ##33173 30 DADE

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRS MANAGEMENT
4431 SW 64th AVE 33314

81 Name CARLOS RAMIREZ, COMPLETE&RELIABLE
82 Street Address (P.O. Box Number is Not Acceptable)
9745 SW 72nd ST
83 SUITE 211
84 City MIAMI FL 85 Zip Code 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUDAH BURSTYN

8/15/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	pres, secty. DIR	<input type="checkbox"/> DELETE
NAME	JUDAH BURSTYN	
STREET ADDRESS	2618 COLLINS AVE MB, FL 33140	
CITY-ST-ZIP		
TITLE	VP, TRES DIR	<input type="checkbox"/> DELETE
NAME	SAVID BURSTYN	
STREET ADDRESS	2618 COLLINS AVE MB, FL 33140	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GERADO DIAZ UNIT 218	
STREET ADDRESS	2618 COLLINS AVE MB FL 33140	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUDAH BURSTYN

598-4068
8/15/99 305-324-0800

CR2E037 (11/98)