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Mar 10, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004923**

1. Corporation Name  
**2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business 2600 ISLAND BOULEVARD BLDG ADM OFFICE AVENTURA FL 33160 US	Mailing Address 2600 ISLAND BOULEVARD BLDG ADM OFFICE AVENTURA FL 33160 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/29/1997	4. FEI Number 65-0780785 Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>MATUS, ALAN 2600 ISLAND BOULEVARD WILLIAMS ISLAND FL 33160</b>		10. Name and Address of New Registered Agent 81 Name <b>White, Rod</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2600 Island Boulevard Unit #2802</b> 83 84 City <b>Aventura</b> 85 Zip Code <b>FL 33160</b>	

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 *Rod White* **Rod White, President** 2/25/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MATUS, ALAN</b>		1.2 NAME <b>White, Rod</b>	
STREET ADDRESS <b>7900 ISLAND BLVD.</b>		1.3 STREET ADDRESS <b>2600 Island Boulevard #2802</b>	
CITY-ST-ZIP <b>WILLIAMS ISLAND FL 33160</b>		1.4 CITY-ST-ZIP <b>Aventura, FL 33160</b>	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HERTZBERG, BERNARD</b>		2.2 NAME <b>Lipton, George</b>	
STREET ADDRESS <b>2600 ISLAND BOULEVARD</b>		2.3 STREET ADDRESS <b>2600 Island Boulevard #1806</b>	
CITY-ST-ZIP <b>AVENTURA FL 33160</b>		2.4 CITY-ST-ZIP <b>Aventura, FL 33160</b>	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VOLLRATH, ROBERT</b>		3.2 NAME <b>Blumberg, Lawrence</b>	
STREET ADDRESS <b>7900 ISLAND BLVD.</b>		3.3 STREET ADDRESS <b>2600 Island Boulevard #905'</b>	
CITY-ST-ZIP <b>WILLIAMS ISLAND FL 33160</b>		3.4 CITY-ST-ZIP <b>Aventura, FL 33160</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>Herzberg, Bernard</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>2600 Island Boulevard #1205</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Aventura, FL 33160</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>Director,</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Berliner, Paula</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>2600 Island Boulevard #806</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Aventura, FL 33160</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 2/25/99 (305) 937-2006  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)