

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra P. Alvarado  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 9:45

DOCUMENT # **720563** (6)  
1. Corporation Name  
**MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**6039 COLLINS AVE. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified **03/23/1971** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-1377619** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HYMAN, MICHAEL  
44 W. FLAGLER STREET  
14TH FLOOR  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE **MICHAEL MICHAEL** DATE **2-17-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>STEINBERG, STANLEY</b>
STREET ADDRESS	<b>6039 COLLINS AVE</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>D</b>
NAME	<b>KAY, HENRY AND AZAN R</b>
STREET ADDRESS	<b>6039 COLLINS AVE</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>V/P</b>
NAME	<b>SILVAR, JOSE</b>
STREET ADDRESS	<b>6039 COLLINS AVE</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>P</b>
NAME	<b>GOMEZ, SARA</b>
STREET ADDRESS	<b>6039 COLLINS AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>T</b>
NAME	<b>SABO, SALAMON</b>
STREET ADDRESS	<b>6039 COLLINS AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>FERNANDEZ, ROLANDO</b>
STREET ADDRESS	<b>6039 COLLINS AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>MAX DE PAULA</b>
2.4 CITY - ST - ZIP	<b>6039 COLLINS AVE. MIAMI BEACH - FL 33140</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT</b>
3.3 STREET ADDRESS	<b>CURL, MARCELO</b>
3.4 CITY - ST - ZIP	<b>6039 COLLINS AVENUE MIAMI BEACH - FL 33140</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY</b>
6.3 STREET ADDRESS	<b>HENRY KAY</b>
6.4 CITY - ST - ZIP	<b>6039 COLLINS AVE MIAMI BEACH - FL 33140</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Salamon Sabo - Coensurer** DATE: **2-17-95** DAYTIME PHONE #: **865-11247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR