

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 720563 (6)**

1. Corporation Name  
**MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.**

**800001776138**  
-04/11/96--01022--009  
\*\*\*61.25



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

Mailing Address  
**6039 COLLINS AVE.  
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified <b>03/23/1971</b>	3a. Date of Last Report <b>04/11/1995</b>
4. FEI Number <b>59-1377619</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	28 Zip
24 Country	29 Country
25	30

**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	85 Zip Code
			<b>FL</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**

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>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRES.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEINBERG, STANLEY</b>		1.2 NAME <b>MURTON KOMLET</b>
STREET ADDRESS <b>6039 COLLINS AVE</b>		1.3 STREET ADDRESS <b>6039 COLLINS AVE.</b>
CITY-ST-ZIP <b>MIAMI BCH FL</b>		1.4 CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SECRET</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DE PAULA, MAX</b>		2.2 NAME <b>LOIS ULKOVICH</b>
STREET ADDRESS <b>6039 COLLINS AVE</b>		2.3 STREET ADDRESS <b>6039 COLLINS AVE.</b>
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CURL, MARCELLO</b>		3.2 NAME <b>MARCELLO CURL</b>
STREET ADDRESS <b>6039 COLLINS AVE</b>		3.3 STREET ADDRESS <b>6039 COLLINS AVE</b>
CITY-ST-ZIP <b>MIAMI BCH FL</b>		3.4 CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOMEZ, SARA</b>		4.2 NAME <b>SARA GOMEZ</b>
STREET ADDRESS <b>6039 COLLINS AVE.</b>		4.3 STREET ADDRESS <b>6039 COLLINS AVE.</b>
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		4.4 CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SABO, SALOMON</b>		5.2 NAME <b>FRANKLIN BLECHER</b>
STREET ADDRESS <b>6039 COLLINS AVE.</b>		5.3 STREET ADDRESS <b>6039 COLLINS AVE.</b>
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		5.4 CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>V.PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAY, HENRY</b>		6.2 NAME <b>HENRY KAY</b>
STREET ADDRESS <b>6039 COLLINS AVE</b>		6.3 STREET ADDRESS <b>6039 COLLINS AVE.</b>
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		6.4 CITY-ST-ZIP <b>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:** *Salomon Sabo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/96 305-265-4247  
Date Daytime Phone #

CR2E037 (12/95)