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Secretary of State

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030563

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 720563

1. Corporation Name
MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
 6039 COLLINS AVE.
 MIAMI BEACH FL 33140



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1377619	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL 44 W. FLAGLER STREET 14TH FLOOR MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMLET, MORTON		1.2 NAME	MARCELO CURI	
STREET ADDRESS	6039 COLLINS AVE		1.3 STREET ADDRESS	6039 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOVICH, LOIS		2.2 NAME	HECTOR ALZUGARAY	
STREET ADDRESS	6039 COLLINS AVE, #1732		2.3 STREET ADDRESS	6039 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALZUGARAY, HECTOR		3.2 NAME	VICTORIA Ledemeyer	
STREET ADDRESS	6039 COLLINS AVE.		3.3 STREET ADDRESS	6039 Collins Ave	
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, SARA		4.2 NAME	DURDIS ECHEGAYEN	
STREET ADDRESS	6039 COLLINS AVE, #1425		4.3 STREET ADDRESS	6039 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY-ST-ZIP	M. B. FL 33140	
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABO, SALOMON		5.2 NAME	URBANO BENTO	
STREET ADDRESS	6039 COLLINS AVE.		5.3 STREET ADDRESS	6039 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	M. B. FL 33140	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, ASHER		6.2 NAME	Henry Kay	
STREET ADDRESS	6039 COLLINS AVE, #701		6.3 STREET ADDRESS	6039 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH FL 33140		6.4 CITY-ST-ZIP	M. B. FL 33140	

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** Date: 3/1/99 Daytime Phone #: 865-4247

CR2E037 (1/199)