

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **657238** (2)

1. Corporation Name
KEY LARGO OCEAN RESORTS CO-OP, INC.



Principal Place of Business
**94825 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

Mailing Address
**94825 OVERSEAS HWY
KEY LARGO FL 33037
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified **02/26/1980**

3a. Date of Last Report **02/13/1995**

4. FEI Number **59-1981596**

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

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

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

9. Name and Address of Current Registered Agent

**SALVA, PEDRO
94825 OVERSEAS HWY
KEY LARGO FL 33037**

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 607.0507 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 607.0503, Florida Statutes.

SIGNATURE _____

Signature of officer or director of the corporation

Signature of State Agent

Signature of Agent

Date

OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SALVA, PEDRO | |
| STREET ADDRESS | 94825 OVERSEAS HIGHWAY | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SATURNINO, DESDIN | |
| STREET ADDRESS | 94825 OVERSEAS HIGHWAY | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAZA, MODESTO | |
| STREET ADDRESS | 94825 OVERSEAS HWY | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, LUIS FIDEL | |
| STREET ADDRESS | 94825 OVERSEAS HWY | |
| CITY-ST-ZIP | KEY LARGO, FL 00000 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DE MOLINA, TEODORO | |
| STREET ADDRESS | 94825 OVERSEAS HIGHWAY | |
| CITY-ST-ZIP | KEY LARGO, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | V |
| 23 STREET ADDRESS | Rodriguez, Luis Fidel |
| 24 CITY-ST-ZIP | 94825 Overseas Highway |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | D |
| 33 STREET ADDRESS | Sanchez, Dora |
| 34 CITY-ST-ZIP | 94825 Overseas Highway |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | D |
| 43 STREET ADDRESS | Leal, Ibrahim |
| 44 CITY-ST-ZIP | 94825 Overseas Highway |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or as an attachment with an affidavit.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 (305)852-3011

CR2E034 (12/95)