

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730290 (4)
 1. Corporation Name
THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 66 VALENCIA AVE CORAL GABLES FL 33134 US	Mailing Address 201 SEVILA AVE. SUITE 301 CORAL GABLES FL 33134
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/26/1974
4. FEI Number 59-1688130
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CARVAJAL, LEONARDO
66 VALENCIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **Enid Duany**
 82 Street Address (P.O. Box Number is Not Acceptable) **66 Valencia Avenue**
 83 **Coral Gables, Fl. 33134**
 84 City **Coral Gables** **FL** 85 Zip Code **33134**

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 *Enid Duany* (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBAR, MARDELAINÉ	1.2 NAME	Alba Cabezas
STREET ADDRESS	66 VALENCIA AVE.	1.3 STREET ADDRESS	201 Sevilla Ave Ste.301
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASAPLADAKI, DIMITRI	2.2 NAME	Enid Duany
STREET ADDRESS	66 VALENCIA AVE.	2.3 STREET ADDRESS	66 Valencia Ave.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Leonardo Carvajal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIEGO, ENRIQUE	3.2 NAME	D
STREET ADDRESS	66 VALENCIA AVE.	3.3 STREET ADDRESS	66 Valencia Avenue
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XIRAU, JOSE GUSTAVO	4.2 NAME	David Brandon
STREET ADDRESS	66 VALENCIA AVE.	4.3 STREET ADDRESS	66 Valencia Ave.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, Fl.33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Maria Berek
STREET ADDRESS		5.3 STREET ADDRESS	66 Valencia Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Mario A- Pages
STREET ADDRESS		6.3 STREET ADDRESS	201 Sevilla Ave Ste.301
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, Fl. 33134

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 unchanged, or on an attachment with an address.

SIGNATURE: *Mario A. Pages* **PAGES 1-7-98 (305) 4438665**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027195

CR2E037 (10/97)