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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732061
 1. Corporation Name
RIO CRISTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 453 SW 2ND ST MIAMI FL 33130	Mailing Address 453 SW 2ND ST STE 107 MIAMI FL 33130 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/06/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1845564
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FRANCISCO, PUPO 453 SW 2ND ST APT 307 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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUPO, ALDO	1.2 NAME	
STREET ADDRESS	453 SW 2ND ST #306	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RENFRO D	2.2 NAME	
STREET ADDRESS	453 SW 2ND ST, #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LESBIA	3.2 NAME	
STREET ADDRESS	453 S.W. 2ND ST. #408	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE, CASTILLO	4.2 NAME	
STREET ADDRESS	453 SW 2ND ST, #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, PUPO	5.2 NAME	
STREET ADDRESS	453 SW 2ND ST, #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] 3/27/99 (305) 545-7737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)