


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 14 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734939 (2)**

1. Corporation Name  
**LAGUNA CLUB EAST CONDOMINIUM, INC.**

Principal Place of Business 320 N.W. 107TH AVENUE MIAMI FL 33172	Mailing Address 320 N.W. 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1976</b>		3a. Date of Last Report <b>04/22/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1647141</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	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			

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TEJERA, JUAN J</b> <b>209 GIRALDA AVENUE SUITE 000</b> <b>CORAL GABLES FL 33134</b> <i>3211 Ponce de Leon Blvd. SUITE 201</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SEUMAGA, ORLANDO</del>	1.2 NAME	<b>SEZUMAGA, ORLANDO</b>
STREET ADDRESS	<del>230 NW 107 AVE #208</del>	1.3 STREET ADDRESS	<b>230 NW 107 AVE. #208</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	<del>ALFONSO, GARCIA</del>	2.2 NAME	
STREET ADDRESS	<del>600 SW 122 AVENUE</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	2.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, LUCY D</b>	3.2 NAME	<b>PRICE, LUCY D.</b>
STREET ADDRESS	<b>270 NW 107 AVE #204</b>	3.3 STREET ADDRESS	<b>270 N.W. 107 AVE. #204</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCA, MARIA L</b>	4.2 NAME	<b>COCA, MARIA L</b>
STREET ADDRESS	<b>300 NW 107 AVE #204</b>	4.3 STREET ADDRESS	<b>300 NW 107 AVE. #204</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCALLON, DANIEL</b>	5.2 NAME	<b>ESCALLON, DANIEL</b>
STREET ADDRESS	<b>270 NW 107 AVE #203</b>	5.3 STREET ADDRESS	<b>270 NW 107 AVE. #203</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<del>MATTA, JOAN M</del>	6.2 NAME	
STREET ADDRESS	<del>230 NW 107 AVE #212</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE REQUIRED \_\_\_\_\_ 7/25/97

CP2E037 (4/97)