

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 734939
1. Corporation Name LAGUNA CLUB EAST CONDOMINIUM

Principal Place of Business Mailing Address
320 NW 107 AVE
MIAMI Florida 33172

3. Date Incorporated or Qualified 2-11-1976
4. FEI Number 59-1647141 Applied For Not Applicable

2. Principal Place of Business 21 320 N.W. 107th AVE. 2a. Mailing Address 26 320 NW 107 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 23 MIAMI, FL 27 City & State 28 MIAMI FL
Zip Country 24 33172 25 USA 29 33172 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
J.A. LEWIN / LS MANAGEMENT
1918 HARRISON STREET Suite 208
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name 82 JORGE L. FLORES
83 Street Address (P.O. Box Number is Not Acceptable) 84 4121 A N.W. 25th STREET
85 City MIAMI FL 86 Zip Code 33142

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, to 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 *Jorge L. Flores* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORLANDO SEZUMAGA	
STREET ADDRESS	2800 NW 107 AVE # 206	
CITY-ST-ZIP	FL MIAMI FLA 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL ESCALLON	
STREET ADDRESS	270 NW 107 AVE # 203	
CITY-ST-ZIP	MIA FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCY B PRICE	
STREET ADDRESS	270 NW 107 AVE # 204	
CITY-ST-ZIP	MIA FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARIA L COCA	
STREET ADDRESS	300 NW 107 AVE # 204	
CITY-ST-ZIP	MIA FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANA MARIA FIALLO	
1.3 STREET ADDRESS	260 NW 107 AVE # 101	
1.4 CITY-ST-ZIP	MIAMI FL 33172	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADOLFO MANDRI	
2.3 STREET ADDRESS	210 NW 107 AVE # 208	
2.4 CITY-ST-ZIP	MIAMI FL 33172	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ESTRELLA HEREDIA	
3.3 STREET ADDRESS	240 NW 107 AVE # 102	
3.4 CITY-ST-ZIP	MIAMI FL 33172	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PABLO MORA	
4.3 STREET ADDRESS	250 NW 107 AVE # 211	
4.4 CITY-ST-ZIP	MIAMI FL 33172	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PABLO A. MONTALVO	
5.3 STREET ADDRESS	300 NW 107 AVE # 208	
5.4 CITY-ST-ZIP	MIAMI FL 33172	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002473164	
6.3 STREET ADDRESS	-03/31/98--01026--007	
6.4 CITY-ST-ZIP	***70.00	

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.

SIGNATURE: Adolfo Mandri - Adolfo Mandri 2-8-1998 2256287 305-2279688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)