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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734939

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1647141

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FLORES, JORGE L
 4121 A NW 25TH STREET
 MIAMI FL-33142

10. Name and Address of New Registered Agent

81 Name ALFREDO PADRON
 82 Street Address (P.O. Box Number is Not Acceptable) 1898 N.W. 7 ST.
 83
 84 City MIAMI, FL. 85 Zip Code FL 33125

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

Alfredo Padron

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIALLO, ANA MARIA	
STREET ADDRESS	260 NW 107 AVE #101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDRI, ADOLFO	
STREET ADDRESS	210 NW 107 AVE #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEREDIA, ESTRELL	
STREET ADDRESS	240 NW 107 AVE #102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORA, PABLO	
STREET ADDRESS	250 NW 107 AVE #211	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTALVO, PEDRO A	
STREET ADDRESS	300 NW 107 AVE #208	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASTILLO, ANABEL	
1.3 STREET ADDRESS	250 N.W. 7107 AVE. #107	
1.4 CITY-ST-ZIP	MIAMI FL FL 33172	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAMARA, MARIANO	
2.3 STREET ADDRESS	260 N.W. 107 AVE. #102	
2.4 CITY-ST-ZIP	MIAMI FL FL 33172	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEREDIA, ESTRELLA	
3.3 STREET ADDRESS	240 N.W. 107 AVE. #102	
3.4 CITY-ST-ZIP	MIAMI FL FL 33172	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MONTALVO, PEDRO A.	
4.3 STREET ADDRESS	300 N.W. 107 AVE #208	
4.4 CITY-ST-ZIP	MIAMI FL FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03Z (1/98)