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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739698 (9)
1. Corporation Name
COSTA BELLA ASSOCIATION, INC.



Principal Place of Business Mailing Address
1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612
1450 S. BAYSHORE DRIVE MIAMI FL 33131-3617

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 02/28/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1754406	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Country	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DÉ LA TORRE, HELIO 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D- SECRETARY	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHALAKANI, JOHN			1.2 NAME	MERCEDES BUSTO		
STREET ADDRESS	1450 SE BAYSHORE DRIVE #604			1.3 STREET ADDRESS	1450 SE BAYSHORE # 2007		
CITY-ST-ZIP	MIAMI, FL 33131 0			1.4 CITY-ST-ZIP	MIAMI FL 33131		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARCELO, GLADYS			2.2 NAME	JOSE ULISES HERRAN		
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1207			2.3 STREET ADDRESS	1450 S.E. BAYSHORE DRIVE #1210		
CITY-ST-ZIP	MIAMI, FL 33131 0			2.4 CITY-ST-ZIP	MIAMI-FL 33131		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHORE, PHILLIP			3.2 NAME	ELLWORTH HUNTER AUGUSTUS		
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1815			3.3 STREET ADDRESS	1450 S.E. BAYSHORE DRIVE # 1910		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33131		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	TRASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, JOAQUIN			4.2 NAME			
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1814			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D- PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALVARO, ARGUELLO			5.2 NAME	DANIEL H. SANCHEZ		
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1812			5.3 STREET ADDRESS	1450 S.E. BAYSHORE DRIVE # 1807		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI-FL 33131		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D- RITA LINDA JAFFE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	1450 SOUTH EAST BAYSHORE DRIVE # 605		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131		

14. I do hereby certify that the information supplied on this form 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 supplement to an 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 trustee 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: _____ TREASURER. 3/14/97. (305) 273 3100

CR2E037 (9/96)