

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 754078 (4)**

1. Corporation Name  
**LISETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1990 MARSEILLES DR.  
MIAMI BEACH FL 33141** **1990 MARSEILLES DR.  
MIAMI BEACH FL 33141-3490**

3. Date Incorporated or Qualified **09/05/1980** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2130925</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

**9. Name and Address of Current Registered Agent**

**RAUL RODRIGUEZ  
1990 MARSEILLE DR.  
MIAMI BEACH FL 33141**

**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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROLONDO	1.2 NAME	GONZALEZ, ROLANDO
STREET ADDRESS	1990 MARSEILLE DRIVE	1.3 STREET ADDRESS	1990 MARSEILLES DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO, MARTA	2.2 NAME	SANTOS, ANA
STREET ADDRESS	1990 MARSEILLE DRIVE	2.3 STREET ADDRESS	1990 MARSEILLES DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCHARSKI, LUSITONIA	3.2 NAME	RIVERO, ALBERTO
STREET ADDRESS	1990 MARSEILLE DRIVE	3.3 STREET ADDRESS	1990 MARSEILLES DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAUL	4.2 NAME	GUTIERREZ, DIEGO
STREET ADDRESS	1990 MARSEILLE DRIVE	4.3 STREET ADDRESS	1990 MARSEILLES DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIO, GERARDO	5.2 NAME	
STREET ADDRESS	1990 MARSEILLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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 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: *[Signature]* **ROLANDO GONZALEZ** **01/21/97** **305-864-1143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)