

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Aug 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified 09-05-1980	3a. Date of Last Report 01-25-96
4. FEI Number 59-2130925	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**RAUL RODRIGUEZ
1990 MARSEILLES DR
MIAMI BEACH, FLORIDA 33141**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD GONZALEZ, ROLANDO	<input type="checkbox"/> DELETE
NAME	1990 MARSEILLE DRIVE	
STREET ADDRESS	MIAMI BEACH, FL 33141	
CITY-ST-ZIP		
TITLE	VD SANTOS, ANA	<input type="checkbox"/> DELETE
NAME	1990 MARSEILLES DRIVE	
STREET ADDRESS	MIAMI BEACH, FL 33141	
CITY-ST-ZIP		
TITLE	TD RIVERO ALBERTO	<input type="checkbox"/> DELETE
NAME	1990 MARSEILLES DRIVE	
STREET ADDRESS	MIAMI BEACH, FL 33141	
CITY-ST-ZIP		
TITLE	S GUTIERREZ, DIEGO	<input type="checkbox"/> DELETE
NAME	1990 MARSEILLES DRIVE	
STREET ADDRESS	MIAMI BEACH, FL 33141	
CITY-ST-ZIP		
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

11 TITLE	P ODI, GERARDO R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1990 MARSEILLES DRIVE, #202	
13 STREET ADDRESS	MIAMI BEACH, FL 33141	
14 CITY-ST-ZIP		
21 TITLE	V SANTOS, ANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1990 MARSEILLES DRIVE, # 400	
23 STREET ADDRESS	MIAMI BEACH, FL 33141	
24 CITY-ST-ZIP		
31 TITLE	TD GUTIERREZ, DIEGO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	1990 MARSEILLES DRIVE, # 200	
33 STREET ADDRESS	MIAMI BEACH, FL 33141	
34 CITY-ST-ZIP		
41 TITLE	S RIVERO, ALBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	1990 MARSEILLES DRIVE, # 203	
43 STREET ADDRESS	MIAMI BEACH, FL 33141	
44 CITY-ST-ZIP		
51 TITLE	D PADRO, JOAQUIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	1990 MARSEILLES DRIVE, # 301	
53 STREET ADDRESS	MIAMI BEACH, FL 33141	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000002267030	
63 STREET ADDRESS	-08/14/97--01040--040	
64 CITY-ST-ZIP	***70.00	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Gerardo R. Odio* (President) 8/5/97 (305) 868-5365

CR2E034 (9/96)