


FILED
Apr 01, 1999 8:00 am
Secretary of State

05-06-1999 90166 032 ****70.00
 04-01-1999 90089 039 *****8.75
 04-01-1999 90089 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		--FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754078

1. Corporation Name
LISETTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1990 MARSEILLES DR. MIAMI BEACH FL 33141	Mailing Address 1990 MARSEILLES DR. MIAMI BEACH FL 33141
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21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 09/05/1980
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4 FEI Number 59-2130925
23 City & State	28 City & State	5 Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RAUL RODRIGUEZ 1990 MARSELLE 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
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIO, GERARDO R	1.2 NAME	
STREET ADDRESS	1990 MARSEILLES DRIVE, #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, ANA	2.2 NAME	
STREET ADDRESS	1990 MARSEILLES DRIVE, #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, DIEGO	3.2 NAME	
STREET ADDRESS	1990 MARSEILLES DRIVE, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, ALBERTO	4.2 NAME	
STREET ADDRESS	1990 MARSEILLES DRIVE, #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRO, JOAQUIN	5.2 NAME	
STREET ADDRESS	1990 MARSEILLES DRIVE, #301	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	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 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: Gerardo R. Odio GERARDO R. ODIO 02/10/99 305-861-5908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)