

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:33

DOCUMENT # 754450 (5)
1. Corporation Name
INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O ABSOLUTE-MANAGEMENT
815 NW 57TH AVE., STE. 302 429
MIAMI FL 33126 MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1980	3a. Date of Last Report 01/27/1994
4. FEI Number 59-2430087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 21 815 NW 57 Ave Suite, Apt. #, etc. 429 City & State MIAMI, FL Zip 33126 Country	2a. Mailing Address 26 815 NW 57TH AVE. STE 429 MIAMI FL 33126 US City & State MIAMI, FL Zip 33126 Country
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9. Name and Address of Current Registered Agent
FERNANDEZ, JAIME E
815 NW 57TH AVE.
STE 429
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

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 signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DELUQUE, ADA
STREET ADDRESS	2228 SW 122 AVE.
CITY-ST-ZIP	MIAMI FL 33175
TITLE	TD
NAME	ROMERO, SILVIO
STREET ADDRESS	2218 SW 122 AVE.
CITY-ST-ZIP	MIAMI FL 33175
TITLE	PD
NAME	ALONSO, LUIS L
STREET ADDRESS	345 OCEAN DR. #808
CITY-ST-ZIP	MIAMI BCH. FL 33139
TITLE	D
NAME	PICO, FRANCISCO
STREET ADDRESS	12219 SW 24 TERR UNIT 28
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ORTIZ, HENRY
STREET ADDRESS	122175 SW 24 TERR UNIT 25
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 correct, or on an attachment with an address.

SIGNATURE: [Signature] - Pres. 2-29-95
DATE: _____