

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$236.25).

FILED
 Aug 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754450 (5)

1. Corporation Name
INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 101 MIAMI FL 33132 US	Mailing Address 1717 NORTH BAYSHORE DRIVE SUITE 101 MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1717 N. Bayshore Dr.	2a. Mailing Address 26 1717 N. Bayshore Dr.
22 Suite, Apt. #, etc. Suite 103	27 Suite, Apt. #, etc. Suite 103
23 City & State Miami Fk	28 City & State Miami Fk
24 Zip 33132	25 Country US
29 Zip 33132	30 Country US

3. Date Incorporated or Qualified 10/02/1980	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2430087	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, JAIME E
 C/O UNITED MANAGEMENT
 1717 NORTH BAYSHORE DRIVE SUITE 101
 MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name Daline A. PAZ
82 Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Drive
83 Suite, Apt. #, etc. Suite 103
84 City Miami
85 Zip Code FL 33132

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 Daline A. Paz **Daline A. PAZ General Manager 7-18-97**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE SD	<input type="checkbox"/> DELETE
NAME DELUQUE, ADA	
STREET ADDRESS 2228 SW 122 AVE.	
CITY-ST-ZIP MIAMI FL 33175	
TITLE TD	<input type="checkbox"/> DELETE
NAME ROMERO, SILVIO	
STREET ADDRESS 2218 SW 122 AVE.	
CITY-ST-ZIP MIAMI FL 33175	
TITLE PD	<input type="checkbox"/> DELETE
NAME ALONSO, LUIS L	
STREET ADDRESS 345 OCEAN DR. #606	
CITY-ST-ZIP MIAMI BCH. FL 33139	
TITLE D	<input type="checkbox"/> DELETE
NAME PICO, FRANCISCO	
STREET ADDRESS 12219 SW 24 TERR UNIT 26	
CITY-ST-ZIP MIAMI FL	
TITLE 0	<input checked="" type="checkbox"/> DELETE
NAME ORTIZ, HENRY	
STREET ADDRESS 122175 SW 24 TERR UNIT 25	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
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 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] **SIGNATURE REQUIRED** [Signature] **7/18/97 (205) 376-9784**

CR2E037 (4/97)