
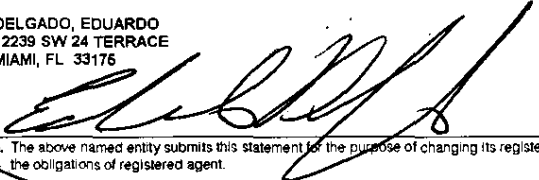
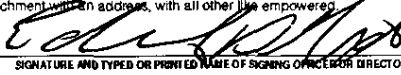


04-21-2003 90351 043 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90098008

DOCUMENT # 754450			
1. Entity Name INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12239 SW 24 TERRACE MIAMI, FL 33174 US		Mailing Address XXXXXXXXXXXX XXXXXXXXXXXX	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		400 S.W. 107th Ave. Suite 312	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33174	USA	33174	USA
4. FEI Number 59-2430087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELGADO, EDUARDO 12239 SW 24 TERRACE MIAMI, FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		DATE 4/16/2003	
SIGNATURE 		NOTE: Registered Agent's signature required when existing.	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, EDUARDO 12239 SW 24 TERRACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, HENRY 12217 SW 24 TERRACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PICO, FRANCISCO 12219 SW 24 TERRACE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition Enrique Baldoquin 12249 S.W. 24 Terrace Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALDOQUIN, ENRIQUE 12249 SW 24 TERRACE MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition Amauri Suarez 2200 S.W. 122 Ave. Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, OLGA 12211 S.W. 24 TERRACE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, AMAURIS 2200 SW 122 AVENUE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition Francisco Pico 12219 S.W. 24 Terrace Miami, FL 33175
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.			
SIGNATURE: 		EdUARDO 4/16/2003 (305) 220-5684 Delgado President	

CR20037 (10/02)