

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 04 1997 8:00am
Secretary of State**

* NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766054 (1)
1. Corporation Name
VERSAILLES PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PMS CORP. 8299 CORAL WAY MIAMI FL 33155
C/O PMS CORP. 8299 CORAL WAY MIAMI FL 33155-1228

3. Date Incorporated or Qualified **12/09/1982** 3a. Date of Last Report **04/01/1996**
4. FEI Number **59-2605949** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
**RAMON, ALONSO
% PROPERTY MGMT SERVICES CORP.
8299 CORAL WAY
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, GREGORIO	
STREET ADDRESS	1820 W 53RD ST #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	TOJEIRO, JOSE V.	
STREET ADDRESS	1820 W. 53 ST #520	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IGLESIAS, RAMON	
STREET ADDRESS	1820 W 53RD ST #310	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VERA, ARMANDO	
STREET ADDRESS	1820 W 53RD STREET #318	
CITY-ST-ZIP	HIALEAH FL	
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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	WOODALL, ALICIA
2.4 CITY-ST-ZIP	1820 W.53 St Hialeah, Fl
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Crespo, Hilda
3.4 CITY-ST-ZIP	1820 W.53rd St. Hialeah, Fl
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Sanchez, Manuel
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: _____ DATE: **2/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0031096

CR2E037 (9/96)