

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04323** (4)

1. Corporation Name  
**INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, I NC.**



Principal Place of Business: **9010 SOUTH WEST 137 AVE SUITE 112 MIAMI FL 33186 US**  
Mailing Address: **9010 SOUTH WEST 137 AVE. SUITE 112 MIAMI FL 33186 US**

3. Date Incorporated or Qualified: **07/24/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2516711**  
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: **7154-B SW 47 ST**  
2a. Mailing Address: **7154-B SW 47 STREET**  
22. Suite, Apt. #, etc.:  
23. City & State: **MIAMI, FLORIDA**  
24. Zip: **33155** 25. Country: **DADE**  
26. Suite, Apt. #, etc.:  
27. City & State: **MIAMI, FLORIDA**  
28. Zip: **33155** 29. Country: **DADE**  
30. Zip: **33155** 30. Country: **DADE**

9. Name and Address of Current Registered Agent: **CADICO MANAGEMENT CO. 9010 SW 127TH AVENUE SUITE 112 MIAMI FL 33186**  
10. Name and Address of New Registered Agent:  
81. Name: **GROUP CADICORP, INC.**  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. **7154-B SOUTH WEST 47 STREET**  
84. City: **MIAMI** 85. State: **FL** 86. Zip Code: **33155**

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: **04-16-1996**  
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: <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>PEREZ, BENICIA</b>	1.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 NAME: <b>JOSE LUIS OVARES</b>
STREET ADDRESS: <b>11800 SW 18 ST, UNIT #400</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	1.2 NAME: <b>JOSE LUIS OVARES</b>	1.2 STREET ADDRESS: <b>11790 SW 18 ST. # 118</b>
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	NAME: <b>PEREZ, ERUNDINA</b>	1.3 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>	1.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>
STREET ADDRESS: <b>11790 SW 18 ST, #530</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	2.1 TITLE: <b>VICE PRESIDENT/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 NAME: <b>PEREZ, ERUNDINA</b>
TITLE: <b>SD</b> <input type="checkbox"/> DELETE	NAME: <b>PADRON, NICANOR O</b>	2.2 NAME: <b>PEREZ, ERUNDINA</b>	2.2 STREET ADDRESS: <b>11790 SW 18 ST. # 530</b>
STREET ADDRESS: <b>11800 SW 18 ST. #108</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	2.3 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>	2.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>
TITLE: <b>TD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CORDONEDA, AIDA</b>	3.1 TITLE: <b>PRESIDENT /D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 NAME: <b>PADRON, NICANOR O.</b>
STREET ADDRESS: <b>11800 SW 18 ST. #118</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	3.2 NAME: <b>PADRON, NICANOR O.</b>	3.2 STREET ADDRESS: <b>11800 SW 18 ST. # 108</b>
TITLE: <b>OD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>GARCIA, MERCY</b>	3.3 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>	3.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>
STREET ADDRESS: <b>11800 SW 18 ST. #220</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 NAME: <b>SECRETARY</b>
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.2 NAME: <b>MERCEDES MARTINEZ</b>	5.2 STREET ADDRESS: <b>11800 SW 18 ST. # 220</b>
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>	5.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 NAME: <b>RAFAEL CARDENAS</b>
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.2 NAME: <b>RAFAEL CARDENAS</b>	6.2 STREET ADDRESS: <b>11800 SW 18 ST. # 110</b>
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>	6.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <b>MIAMI, FLORIDA 33175</b>	6.4 STREET ADDRESS: <b>MIAMI, FLORIDA 33175</b>

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 119.07(3)(k), 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: **NICANOR O. PADRON** DATE: **4-17-96** 305-668-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)