


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04323 (4)
1. Corporation Name
INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, I NC.



Principal Place of Business 7154-B SW 47 ST. MIAMI FL 33155 US	Mailing Address 7154-B SW 47 STREET MIAMI FL 33155-4654 US
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3. Date Incorporated or Qualified 07/24/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2516711	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**GROUP CADICORP, INC.
7154-B SOUTH WEST 47 STREET
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name SAME
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 _____ DATE _____
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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OVARES, JOSE L		1.2 NAME CARLOS AGUILAR	
STREET ADDRESS 11790 SW 18 ST. #118		1.3 STREET ADDRESS 11800 S.W. 18 ST # 109, MIAMI, FL.33175	
CITY-ST-ZIP MIAMI FL.		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, ERUNDINA		2.2 NAME MANUEL BLANCO	
STREET ADDRESS 11790 SW 18 ST, #530		2.3 STREET ADDRESS 11800 S.W. 18 ST # 414, MIAMI, FL. 33175	
CITY-ST-ZIP MIAMI FL.		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADRON, NICANOR O		3.2 NAME	
STREET ADDRESS 11800 SW 18 ST. #108		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL.		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDENAS, RAFAEL		4.2 NAME CARDENAS, RAFAEL	
STREET ADDRESS 11800 SW 18 ST. #110		4.3 STREET ADDRESS 11800 S.W. 18 ST # 110, MIAMI, FL.33175	
CITY-ST-ZIP MIAMI FL.		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, MERCEDES		5.2 NAME GLORIA BURGOS	
STREET ADDRESS 11800 SW 18 ST. #220		5.3 STREET ADDRESS 11790 S.W.18 ST # 213, MIAMI, FL. 33175	
CITY-ST-ZIP MIAMI FL.		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CR2E037 (9/96)