

N04323

Requester's Name

Property Management Services Corporation
8299 Coral Way, Miami, Florida 33155

City/State/Zip

Phone #

300003352619--6
-08/10/00--01079--008
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 11 PM 2:17

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

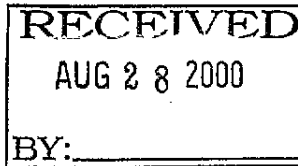
REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

R A Chg.

V. SHEPARD SEP 14 2000

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 23, 2000

PROPERTY MANAGEMENT SERVICES CORPORATION
8299 CORAL WAY
MIAMI, FL 33155

SUBJECT: INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC.
Ref. Number: N04323

We have received your document for INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 900A00045271

RECEIVED
00 SEP 11 AM 9:33
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FILED STATE SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 SEP 11 PM 2:17

- The name of the corporation : INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC.
- The mailing address of the corporation : 8299 CORAL WAY MIAMI, FL 33155
- Date of incorporation/qualification: 02/24/81 Document number: N04323
- The name and address of the current registered agent and registered office:

~~c/o ASSOCIATION MGMT. GRP., INC. Carroll L. Payne, Esq.
20533 BISCAYNE BLVD #469 6075 S.W. 72 Street, Ste. 400
AVENTURA, FL 33180-1529 Miami, FL 33143~~

- The name and address of the new registered agent (if changed) and /or registered office (if changed):
- c/o PROPERTY MANAGEMENT SERVICES Corporation
8299 CORAL WAY
MIAMI, FL 33155

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

9/1/00

(Date)

PABLO ORS
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Julio Gonzalez Portuondo, President 9/5/00
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

JULIO GONZALEZ-PORTUONDO PRESIDENT
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***