


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04323 1. Entity Name INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC.	
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FILED

08 AUG -5 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O GABLES PROFESSIONAL MANAGEMENT, INC. 300 ARAGON AVE, STE 210 CORAL GABLES, FL 33134 US	Mailing Address 300 ARAGON AVE. SUITE 210 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07242008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1090203	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

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD								
NAME	RUA, ROSA	<input checked="" type="checkbox"/>	Delete						
STREET ADDRESS	11790 SW 18TH ST #114								
CITY-ST-ZIP	MIAMI, FL 33175								
TITLE	VD	<input checked="" type="checkbox"/>	Delete						
NAME	ALVAREZ GARCIA, ALEJANDRO H								
STREET ADDRESS	11790 SW 18TH ST #506								
CITY-ST-ZIP	MIAMI, FL 33175								
TITLE	SD	<input checked="" type="checkbox"/>	Delete						
NAME	MARTINEZ, MARTHA A								
STREET ADDRESS	11800 SW 18TH ST #419								
CITY-ST-ZIP	MIAMI, FL 33175								
TITLE	TD	<input checked="" type="checkbox"/>	Delete						
NAME	HEVIA, MIRTHA E								
STREET ADDRESS	11790 SW 18TH STREET #218								
CITY-ST-ZIP	MIAMI, FL 33175								
TITLE	VCL	<input checked="" type="checkbox"/>	Delete						
NAME	VAZQUEZ, HECTOR E								
STREET ADDRESS	11790 S.W. 18TH STREET, #508								
CITY-ST-ZIP	MIAMI, FL 33175								
TITLE		<input type="checkbox"/>	Delete						
NAME									
STREET ADDRESS									
CITY-ST-ZIP									

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD								
NAME	Lourdes Herbello	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition				
STREET ADDRESS	11800 SW 18th St. Apt.#202								
CITY-ST-ZIP	Miami, Florida 33175								
TITLE	VP	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition				
NAME	Mayke J. Navarro								
STREET ADDRESS	11800 SW 18th St. Apt.#313								
CITY-ST-ZIP	Miami, Florida 33175								
TITLE	SD	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition				
NAME	Oswaldo Torres								
STREET ADDRESS	11800 SW 18th St. Apt.#406								
CITY-ST-ZIP	Miami, Florida 33175								
TITLE	TD	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition				
NAME	Maria Mori Ortega								
STREET ADDRESS	11790 SW 18th St. Apt.#523								
CITY-ST-ZIP	Miami, Florida 33175								
TITLE	VOL	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition				
NAME	Francisco Triana								
STREET ADDRESS	11790 S.W. 18th Street #426								
CITY-ST-ZIP	Miami, Florida 33175								
TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
NAME									
STREET ADDRESS									
CITY-ST-ZIP									

300134549933
08/18/08--01047--016 ***61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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 with an address, with all other like empowered.

SIGNATURE: *[Signature]* x *[Signature]* x 7/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #