FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 3-26 96

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

B- 2782 C

DOCUMENT # N16383 (4)

1. Corporation Name

VISTA ALEGRE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134

3. Date Incorporated or Qualified	3a. Date of Last Report
08/15/1986	04/18/1995

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number 65-0275527	Applied For / Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPM GROUP, INC. EDUARDO ROTUNDO 299 ALHAMBRA CIRCLE, STE. 207 CORAL GABLES FL 33134	81 Name SPM Group, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) Hugo A. Espinosa 83 399 Alhambra Circ. #207 84 City Coral Gables FL 85 Zip Code 33134

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 _[signature]_   DATE 3/12/96

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 **PD** NAME **FONSECA, DOLORES** STREET ADDRESS **5525 W. 26 CT. #103** CITY-ST-ZIP **HIALEAH FL 33016**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VD** NAME **CARVAJA, FRANK** STREET ADDRESS **5525 W. 26 CT. #102** CITY-ST-ZIP **HIALEAH FL 33016**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE **TD** NAME **PENAFIEL, RAUL** STREET ADDRESS **5530 W. 26 CT., #201** CITY-ST-ZIP **HIALEAH FL 33016**	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **SD** NAME **HERNANDEZ, ANTONIO** STREET ADDRESS **5530 W. 26 CT. #102** CITY-ST-ZIP **HIALEAH FL 33016**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: _[signature]_ Pres. Director 3/11/96 558-7701

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