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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N16383 (4)
1. Corporation Name
VISTA ALEGRE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134
Mailing Address: 299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134-5116

2. Principal Place of Business
21 2151 Le jeune Rd
22 Suite 305
23 Coral Gables, FL
24 33134
25
26 2151 Le jeune Rd
27 Suite 305
28 Coral Gables, FL
29 33134
30

3. Date Incorporated or Qualified: 08/15/1986
3a. Date of Last Report: 03/27/1996
4. FEI Number: 65-0275527
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SPM GROUP, INC.
HUGO A. ESPINOZA
299 ALHAMBRA CIRCLE #207
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: SPM Group, INC. Hugo A. Espinoza
82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le jeune Road
83 Suite 305
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]* 2/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FONSECA, DOLORES	
STREET ADDRESS	5525 W. 26 CT. #103	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARVAJA, FRANK	
STREET ADDRESS	5525 W. 26 CT. #102	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PENAFIEL, RAUL	
STREET ADDRESS	5530 W. 26 CT., #201	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ANTONIO	
STREET ADDRESS	5530 W. 26 CT. #102	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	Julio	<input type="checkbox"/> DELETE
NAME	Paul - D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Penafiel, Raul	
1.3 STREET ADDRESS	5530 W 26 ct #201	
1.4 CITY-ST-ZIP	Hialeah, FL 33016	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carvajal, Frank	
2.3 STREET ADDRESS	5525 W 26 ct #102	
2.4 CITY-ST-ZIP	Hialeah, FL 33016	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gonzalez, Julio	
3.3 STREET ADDRESS	5525 W 26 ct #104	
3.4 CITY-ST-ZIP	Hialeah, FL 33016	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hernandez, Antonio	
4.3 STREET ADDRESS	5530 W 26 ct. #102	
4.4 CITY-ST-ZIP	Hialeah, FL 33016	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Perez, Raul	
5.3 STREET ADDRESS	5520 W 26 ct #105	
5.4 CITY-ST-ZIP	Hialeah, FL 33016	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* 2/10/97

CR2E037 (9/96)