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Jan 15 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 # N22520 (3)
1. Corporation Name

VARADERO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1250 W. 26 PL. HIALEAH FL 33010
Mailing Address: 1250 W. 26 PL. HIALEAH FL 33010-6000

3. Date Incorporated or Qualified: 09/16/1987
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21) / 2a. Mailing Address (26) / 4. FEI Number: 59-2844010 / Applied For: Not Applicable

22 Suite, Apt. #, etc. / 27 Suite, Apt. #, etc. / 5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State / 28 City & State / 6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 Zip / 25 Country / 29 Zip / 30 Country / 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

RIVERO, ANDRES
1250 W. 26 PL. #208
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD RIVERO, ANDRES; SD CAMPOS, RALMIS; TD FIGUEROA, JOSE.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows for additions/changes to officers and directors.

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: Jose Figueroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97
Date Daytime Phone # 0022777

CR2E037 (9/96)