

THIS CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # N31836 (2)
 1. Corporation Name
DAVID WILLIAM HOTEL CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
EDGAR OVALLES, MGR.
 C/O PEDRO RANGEL MGR
 700 BILTMORE WAY #100
 CORAL GABLES FL 33134

Mailing Address
EDGAR OVALLES, MGR.
 C/O PEDRO RANGEL MGR
 700 BILTMORE WAY #100
 CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/20/1989

4. FEI Number
65-0180710

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
RANGEL, PEDRO
DAVID WILLIAM HOTEL CONDOMINIUM ASSOC.
700 BILTMORE WAY, #100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **OVALLES, EDGAR**
 82 Street Address (P.O. Box Number is Not Acceptable)
DAVID WILLIAM HOTEL CONDO. ASSOC. INC.
 83 **700 BILTMORE WAY # 100**
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of sections 617.002 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 provisions of, section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **7-9-98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCALLISTER, SCOTT	
STREET ADDRESS	700 BILTMORE WAY #100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STORY, JOSEPHINE N	
STREET ADDRESS	700 BILTMORE WAY, #810	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, EMILIO	
STREET ADDRESS	700 BILTMORE WAY, #100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELI G. WHITE, JR.	
1.3 STREET ADDRESS	700 BILTMORE WAY # 100	
1.4 CITY-ST-ZIP	CORAL GABLES FL. 33134	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PACO ABISLAIMAN	
2.3 STREET ADDRESS	700 BILTMORE WAY # 1119	
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JIM PELLETIER	
3.3 STREET ADDRESS	700 BILTMORE WAY # 100	
3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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]* DATE: **7-9-98** Daytime Phone #: **(305) 529-9050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)