

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32839 (5)**

1. Corporation Name

**EL PRADO XI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~1425 NW 62ND AVE~~  
~~PO BOX 4423~~  
~~MIAMI FL 33017~~  
~~US~~

~~P-BOX 4423~~  
~~PO-BOX 4423~~  
~~MIAMI FL 33014~~  
~~US~~

3. Date Incorporated or Qualified  
**06/15/1989**

3a. Date of Last Report  
**06/06/1995**

21 2. Principal Place of Business  
**299 Alhambra Circle**

2a. Mailing Address  
**P.O. Box 144935**

4. FEI Number  
**65-0156466**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**Suite 207**

27 Suite, Apt. #, etc.

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

23 City & State  
**Miami Fl.**

28 City & State  
**Coral Gables Fl**

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

24 Zip  
**33134**

25 Country  
**Dade.**

29 Zip  
**33144**

Country  
**Dade**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DELATORRE, CLEMENTE L**  
**11125 NW 62ND AVE**  
**MIAMI FL 33012**

10. Name and Address of New Registered Agent

81 Name  
**SPM Group, Inc**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**EDUARDO ROTUNDO**  
83 **299 Alhambra Circle #207**  
84 City  
**Coral Gables** 85 Zip Code  
**FL 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]* **EDUARDO R. ROTUNDO** 3/7/96  
NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>SOTOLONGO, JOSE O</del>	
STREET ADDRESS	<del>7881 W 29TH WAY APT 102</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<del>GONZALEZ, LUIS A</del>	
STREET ADDRESS	<del>7922 W 29TH WAY APT 202</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<del>BARRIOS, JUAN CARLOS</del>	
STREET ADDRESS	<del>7881 W 29TH WAY APT 202</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<del>RAMIREZ, ALEIS</del>	
STREET ADDRESS	<del>7006 W 29TH WAY APT 201</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D</b>
1.3 STREET ADDRESS	<b>DACORSETO RIVCON</b>
1.4 CITY-ST-ZIP	<b>P.O. Box 170 3J-P</b> <b>Miami, FL 33017</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/P</b>
2.3 STREET ADDRESS	<b>Guadalupe Gomez</b>
2.4 CITY-ST-ZIP	<b>702 W 29 Way #101</b> <b>Miami, FL 33016</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T/P</b>
3.3 STREET ADDRESS	<b>Walter Afonso</b>
3.4 CITY-ST-ZIP	<b>7712 W 29 Way #101</b> <b>Miami, FL 33016</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S/D</b>
4.3 STREET ADDRESS	<b>Julia Torres</b>
4.4 CITY-ST-ZIP	<b>7690 W 29 Way #201</b> <b>Miami, FL 33016</b>
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 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]* **3/7/96 (305) 4446759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)