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Jan 31 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 # N32839 (5)

1. Corporation Name

EL PRADO XI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~235 ALHAMBRA CIRCLE
SUITE 207~~
MIAMI FL 33134
US

P.O. BOX 144935
CORAL GABLES FL 33114-4935
US

3. Date Incorporated or Qualified
06/15/1989

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 2151 Le Jeune Rd #305

26 Suite, Apt. #, etc.

4. FEI Number
65-0156466

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

27 City & State

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

23 Coral Gables FL

28 City & State

24 Zip 33134

25 Country DADE

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

10. Name and Address of New Registered Agent

SPM GROUP INC
% EDUARDO ROTUNDO
~~235 ALHAMBRA CIRCLE #207~~
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2151 Le Jeune Rd. # 305

84 City

85 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: *Eduardo Rotundo* EDUARDO ROTUNDO MANAGER 1/14/97.

Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME DAGOBERTO, RIXSON
STREET ADDRESS P.O. BOX 170358 NA
CITY-ST-ZIP HIALEAH FL

1.1 TITLE PD Change Addition
1.2 NAME GUADALUPE Gomez
1.3 STREET ADDRESS 7702 W 29 way 101
1.4 CITY-ST-ZIP Hialeah, Fl. 33018

TITLE VP DELETE
NAME GUADALUPE, GOMEZ
STREET ADDRESS 7702 W 29 WAY #101
CITY-ST-ZIP HIALEAH FL

2.1 TITLE VPD Change Addition
2.2 NAME MELITZA MARCANO
2.3 STREET ADDRESS 7825 W 29 way 102
2.4 CITY-ST-ZIP Hialeah, Fl. 33018

TITLE TD DELETE
NAME WALBERTO, AFONSO
STREET ADDRESS 7712 W 29 WAY #101
CITY-ST-ZIP HIALEAH FL

3.1 TITLE TD Change Addition
3.2 NAME ANGELES MORGAS
3.3 STREET ADDRESS 7922 W 29 way # 102
3.4 CITY-ST-ZIP Hialeah, Fl. 33018

TITLE SD DELETE
NAME TORRES, JULIA
STREET ADDRESS 7890 W 29 WAY
CITY-ST-ZIP HIALEAH FL

4.1 TITLE SD Change Addition
4.2 NAME LABOURE, STEPHANIE
4.3 STREET ADDRESS 7871 W 29 way #101
4.4 CITY-ST-ZIP Hialeah Fl. 33018

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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: *Guadalupe Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President (305) 446757

Date Daytime Phone # 0028164

CR2E037 (9/96)