


FILE NOW: FILING FEE IS \$61.25

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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004732 (3)
1. Corporation Name
CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 501 BRICKELL AVE SUITE 200 MIAMI FL 33131	Mailing Address 501 BRICKELL AVE SUITE 200 MIAMI FL 33131
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3. Date Incorporated or Qualified 09/22/1994	3a. Date of Last Report 06/06/1996
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2. Principal Place of Business 21 8855 Collins Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 8855 Collins Avenue Suite, Apt. #, etc.
22 City & State 23 Surfside, FL	27 City & State 28 Surfside, FL
24 Zip 33154	25 Country USA
29 Zip 33154	30 Country USA

4. FEI Number 65-0522606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DE LA ROSA, RICHARD
8855 COLLINS AVE.
SURFSIDE FL 33154**

10. Name and Address of New Registered Agent

81 Name Andrew Cuevas, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) Cuevas & Rubin, P.A.
83 9200 S. Dadeland Blvd., Suite #603
84 City Miami
85 Zip Code FL 33156

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 617.0502, Florida Statutes.

SIGNATURE: *Andrew Cuevas, Andrew Cuevas* DATE: **1/22/97**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MANRESA, CARLOS	
STREET ADDRESS	888 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	VALLEJO, JOSE	
STREET ADDRESS	888 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL	
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/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alberto Lanza	
1.3 STREET ADDRESS	8855 Collins Avenue	
1.4 CITY-ST-ZIP	Surfside, FL 33154	
2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Moises Chorowski	
2.3 STREET ADDRESS	8855 Collins Avenue	
2.4 CITY-ST-ZIP	Surfside, FL 33154	
3.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria Maury	
3.3 STREET ADDRESS	8855 Collins Avenue	
3.4 CITY-ST-ZIP	Surfside, FL 33154	
4.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael O Higgins	
4.3 STREET ADDRESS	8855 Collins Avenue	
4.4 CITY-ST-ZIP	Surfside, FL 33154	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carolyn Levin	
5.3 STREET ADDRESS	8855 Collins Avenue	
5.4 CITY-ST-ZIP	Surfside, FL 33154	
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)(1), 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: *ALBERTO LANZA* DATE: **1/25/97** (305) 866-1218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)