

FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra E. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005000 (4)  
1. Corporation Name  
THE HABANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1308 DREXEL AVE #308 MIAMI BEACH FL 33139  
1308 DREXEL AVE #308 MIAMI BEACH FL 33139-6128

3. Date Incorporated or Qualified 10/05/1994  
3a. Date of Last Report 05/22/1966

2. Principal Place of Business 2a. Mailing Address  
21 1308 Drexel Ave 26 Clo Coliana Management  
Suite, Apt. #, etc. #101 Suite, Apt. #, etc. P O Box 453436  
22 Miami Beach 27 Miami  
City & State 28 Florida  
24 33139 25 Country 29 33245 30 Country

4. FEI Number 65-0621232 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
CRONIG, STEVEN C  
300 COURVOISIER CTR  
501 BRICKELL KEY DR  
MIAMI FL 33131-2623

10. Name and Address of New Registered Agent  
81 Name Chad Jose  
82 Street Address (P.O. Box Number is Not Acceptable) 1308 Drexel Ave #101  
83  
84 City Miami Beach FL 85 Zip Code 33139

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] DATE 6-4-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHAO, JOSE	
STREET ADDRESS	1308 DREXEL AVENUE, #308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	Director
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LACASSEE, MARGARET	
STREET ADDRESS	1308 DREXEL AVENUE #104	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THORNTON, JOHN ANDRES	
STREET ADDRESS	1308 DREXEL AVENUE, #101	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	Chad, JOSE	
1.3 STREET ADDRESS	1308 Drexel Ave #101	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	Director
2.1 TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lacasse, Margaret	
2.3 STREET ADDRESS	1308 Drexel Ave #104	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	V-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thornton John A.	
3.3 STREET ADDRESS	1308 Drexel Ave #101	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	T-SARDON, ESTEBAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1308 Drexel Ave #205	
4.4 CITY-ST-ZIP	Miami Beach FL 33139	
5.1 TITLE	D- RYAN, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1308 Drexel Ave. # 303	
5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
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)(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 of Block 13, if changed, or on an attachment with an address.  
SIGNATURE [Signature] (305) 324-6070

CR2E037 (9/96)