

FILE NOW: FILING FEE IS \$61.25

FILED

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
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DOCUMENT # N94000005000 (4)

1. Corporation Name
THE HABANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1308 DREXEL AVE #308 MIAMI BEACH FL 33139	Mailing Address 1308 DREXEL AVE #308 MIAMI BEACH FL 33139-6128
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3. Date Incorporated or Qualified 10/05/1994	3a. Date of Last Report 05/22/1966
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2. Principal Place of Business 21 1308 Drexel Ave Suite, Apt. #, etc. #101 City & State Miami Beach Zip 33139	2a. Mailing Address 26 clo Galiana Management Suite, Apt. #, etc. P O Box 453436 City & State Miami Zip Florida
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4. FEI Number 65-0621232	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	

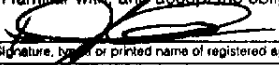
9. Name and Address of Current Registered Agent

CRONIG, STEVEN C
300 COURVOISIER CTR
501 BRICKELL KEY DR
MIAMI FL 33131-2623

10. Name and Address of New Registered Agent

81 Name Chao Jose
82 Street Address (P.O. Box Number is Not Acceptable) 1308 Drexel Ave #101
83
84 City Miami Beach
85 Zip Code FL 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  DATE **6-4-97**

Signature, typed or printed name of registered agent and title if applicable. (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 Chao, 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  DATE **6-4-97**

CR2E037 (9/96)