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FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000828
1. Corporation Name
THE INNS AT COCONUT GROVE ASSOCIATION, INC.

Principal Place of Business Mailing Address
3824 La Playa Boulevard Same
Coral Gables, Fl 33133

3. Date Incorporated or Qualified 2/16/96
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30

4. FEI Number 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
Wilfredo Paredes
4049 Hardee Road
Miami, Florida 33133

10. Name and Address of New Registered Agent
81 Name Wilfredo Paredes
82 Street Address (P.O. Box Number is Not Acceptable) 3824 La Playa Boulevard
83
84 City Coral Gables, FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ STATE _____

12. OFFICERS AND DIRECTORS

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	
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	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paredes, Wilfredo
1.3 STREET ADDRESS	3824 La Playa Boulevard
1.4 CITY-ST-ZIP	Coral Gables, Florida 33133
2.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leandro Paredes
2.3 STREET ADDRESS	3824 La Playa Boulevard
2.4 CITY-ST-ZIP	Coral Gables, Fl 33133
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miguel Paredes
3.3 STREET ADDRESS	3824 La Playa Boulevard
3.4 CITY-ST-ZIP	Coral Gables, Fl 33133
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	200002097982
6.3 STREET ADDRESS	-02/26/97--01010--009
6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wilfredo Paredes* Director/President 2/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (07-5)