

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 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 # N96000004023
1. Corporation Name
DEL RIO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1100 COLLINS AVENUE MIAMI BEACH, FL 33139	Mailing Address 1100 COLLINS AVENUE MIAMI BEACH, FL 33139
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1 / 199	3a. Date of Last Report	4. FEI Number 65-0712521	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 GREENSPOON, MARDER, HIRSCHFELD RAFKIN, ROSS & BERGER, P.A. TRADE CENTER SOUTH-SUITE 700 100 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P/VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME GAMEL, JOEL M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS 1100 COLLINS AVENUE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RING, BRUCE		2.2 NAME PIERRE, JUNIOR	
STREET ADDRESS 1100 COLLINS AVENUE		2.3 STREET ADDRESS 1100 COLLINS AVENUE	
CITY-ST-ZIP MIAMI BEACH, FL 33139		2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME GAMEL, IKE	
STREET ADDRESS		3.3 STREET ADDRESS 1100 Collins Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami Beach, FL. 33139	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIOTT, MELODY		4.2 NAME	
STREET ADDRESS 1100 COLLINS AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL 33139		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME 300002204953	
STREET ADDRESS		6.3 STREET ADDRESS -06/06/97--01126--014	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***61.25	

Handwritten signature and date: 5/29/97

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.

ATTENTION: SIGNATURE REQUIRED