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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State .

DIVISION OF CORPORATIONS

1997

DOCUMENT # N96000004023

DEL RIO CONDOMINIUM ASSOCIATION, INC.

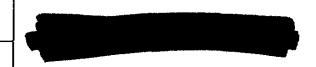
Principal Place of Business

Mailing Address

1100 COLLINS AVENUE MIAMI BEACH, FL 33139

1100 COLLINS AVENUE MIAMI BEACH, FL 33139

FILED May 29 1997 8:00am Secretary of State



			,	•	0 2 0 2				
						3. Date incorporated or Qualified / /199	3a. Di	ale of Last i	Report
2. Principal I	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26				65-0712521		N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional lequired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	,			Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		8. This corporation has liability for in			s. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Curre			811		10. Name and Address of New Reg	jistered /	Agent	·
GREENSPOON, MARDER, HIRSCHFELD					Name				
RAFKIN, ROSS & BERGER, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)					
	CENTER SOUTH-SUI								
100 W. CYPRESS CREEK ROAD				83	¹³				
FORT L	AUDERDALE, FL 33	309		M	City			85 Zip	Code
,	•			ll			<u> </u>		
 Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids 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									
					ni signature r	equired when reinstating)	DATE	DiBassa	
12.		D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	C) percié	1.1 11			P/VP/D		Change	Addition
NAME			1.2 N		- (GAMEL, JOEL M.			
STREET ADDRESS]		1		ADDRESS	1100 COLLINS AVENUE			
CITY-ST-ZIP		L ACCETÉ		TY-ST		MIAMI BEACH, FL 331:	<u> 39</u>	1 200	5 - 5 - 4 - 20
MILE	VO	A OELETE	2117		-	DIEDDE INVIAD		Li Change	X Modilion
NAME	RING, BRUCE		2.2 N			PIERRE, JUNIOR 1100 COLLINS AVENUE	•		
STREET ADDRESS	1100 COLLINS AV						20	•	
CITY-ST-ZIP		33139 DELETE		aty-s	F	MIAMI BEACH, FL 331:		Change	X Addition
TITLE	TATO OTTA	TTI NECESE	3.1 TO 3.2 NA		1	GONEL, IKE		Change	M ADDITION
NAME	•		4.0		ADDRESS	1100 Collins ave.			
STREET ADDRESS					ADUNESS		33/	126	
CITY-ST-ZIP		ZXDELETE		ITY-SI		7-77 201 - 27-60-17 7 0 1	<u> </u>	☐ Change	☐ Addition
NAME	D XXDELETE ELLIOTT, MELODY			4.1 TITLE 4.2 NAME				- Avenilla	
	1100 COLLINS AVENUE			4.3 STREET ADDRESS					
STREET ADDRESS	MIAMI BEACH, FL 33139							/ .	
CITY-ST-ZIP TITLE	MIAMI BEACH, FL 33139			4.4 CITY - ST - ZIP 5.1 TITLE			-44	Change	Addition
NAME	•	The period	5.2 NA		.]	/			
STREET ADDRESS			4			4	Z] F		3/D0
			1		ADDRESS	/1.	/1		ノブメ
CITY-ST-ZIP		T. DELETE	5.4 CD 6.1 TIT	_	-217			LChange	Addition
NAME		F-1 40271F	6.2 NA			300002204 -06/06/9701126	l95		
STREET ADDRESS					ADORESS	-06/06/9701126	01 ⁴	4	
						***61,25			
1-ST-21P			6.4 CF	11-51	-ZIP				

do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the formation indicated on this annual report or supplemental annual seport is true and accurate and that my signature shall have the same legal effect as if made under oath; that m an officer or director of the corporation or the receivor or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name sears in Block 12 or Block 13 if changed, or on an attachment with an address.

ATHRE STATE OF BEOLIEF