

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000060101 (8)

**1. Corporation Name
CHARADE PROPERTIES II, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5201 BLUE LAGOON DR
STE 650
MIAMI FL 33126
US

Mailing Address
5201 BLUE LAGOON DR
STE 650
MIAMI FL 33126
US

3. Date Incorporated or Qualified
07/17/1996

4. FEI Number
65-0691969

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent
ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA
101 MADEIRA AVENUE
CORAL GABLES FL 33134

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

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
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE P **NAME** CUSCO, EDUARDO **STREET ADDRESS** 5201 BLUE LAGOON DRIVE STE 650 **CITY-ST-ZIP** MIAMI FL 33126

TITLE S **NAME** CUSCO, ENRIQUE **STREET ADDRESS** 5201 BLUE LAGOON DR STE 650 **CITY-ST-ZIP** MIAMI FL 33126

TITLE T **NAME** CUSCO, JORGE **STREET ADDRESS** 5201 BLUE LAGOON DRIVE STE 650 **CITY-ST-ZIP** MIAMI FL 33126

TITLE DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD **1.2 NAME** Cusco, Eduardo **1.3 STREET ADDRESS** 9390 NW 109th Street **1.4 CITY-ST-ZIP** Medley, FL 33178-1225 Change Addition

2.1 TITLE VPSD **2.2 NAME** Sotolongo, Raul **2.3 STREET ADDRESS** 9390 NW 109th Street **2.4 CITY-ST-ZIP** Medley, FL 33178-1225 Change Addition

3.1 TITLE VPD **3.2 NAME** Smith, Raul **3.3 STREET ADDRESS** 9390 NW 109th Street **3.4 CITY-ST-ZIP** Medley, FL 33178-1225 Change Addition

4.1 TITLE D **4.2 NAME** Hermida, Carlos **4.3 STREET ADDRESS** 9390 NW 109th Street **4.4 CITY-ST-ZIP** Medley, FL 33178-1225 Change Addition

5.1 TITLE Change Addition **5.2 NAME** **5.3 STREET ADDRESS** **5.4 CITY-ST-ZIP**

6.1 TITLE Change Addition **6.2 NAME** **6.3 STREET ADDRESS** **6.4 CITY-ST-ZIP**

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*

4/17/98

CR2E034 (10/97)