

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

FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *V09213*
 1. Corporation Name
83 Apartment Corporation

Principal Place of Business 2701 Le Jeune Road, Suite 345 Coral Gables, FL 33134	Mailing Address 2701 Le Jeune Road Suite 345 Coral Gables, FL 33134
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3. Date Incorporated or Qualified 01-27-92	3a. Date of Last Report 5-1-96
4. FEI Number 65-0340683	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	

21. 2701 Le Jeune Road Suite, Apt. #, etc.	26. 2701 Le Jeune Road Suite, Apt. #, etc.
22. Suite 345 City & State	27. Suite 345 City & State
23. Coral Gables, FL Zip Country	28. Coral Gables, FL Zip Country
24. 33134 25. USA	29. 33134 30. USA

9. Name and Address of Current Registered Agent

Cristina De Oliveira
 2701 Le Jeune Road, Suite 345
 Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81. Name Cristina De Oliveira
82. Street Address (P.O. Box Number is Not Acceptable) 2701 Le Jeune Road
83. Suite 345
84. City Coral Gables
85. Zip Code FL 33134

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 of 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]* DATE: **9/10/97**

12. OFFICERS AND DIRECTORS

TITLE	President/Director <input type="checkbox"/> DELETE
NAME	MESA, RAUDEL
STREET ADDRESS	2701 Le Jeune Road, Suite 345
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	Secretary/Treasurer/Director <input type="checkbox"/> DELETE
NAME	MESA, RENALDO
STREET ADDRESS	2701 Le Jeune Road, Suite 345
CITY-ST-ZIP	Coral Gables, FL 33134
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	<input type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 -09/22/97-01022-012
 ***550.00

RAUDEL
 9-17-97

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 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]* DATE: **9/12/97**

CR2E034 (9/96)