

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 755904 (0)**

1. Corporation Name  
**WILDWOOD RIVER VILLAS CONDOMINIUM, INC.**

Principal Place of Business <b>815 Ponce de Leon Blvd A.200 Coral Gables, FL 33134</b>	Mailing Address <b>(Same)</b>
---	----------------------------------

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 <b>01/14/1981</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-2036102</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBERT A. SUGGER  
THE TRADER AND BROKER, INC.  
5050 MIAMI AVENUE  
MIAMI, FL 33150**

10. Name and Address of New Registered Agent

81 Name <b>LUIS A. FIGUEROA EM</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>815 Ponce de Leon Blvd A.200</b>
83
84 City <b>CORAL GABLES FL</b>
85 Zip Code <b>33134</b>

11. Pursuant to the provisions of Sections 617.02 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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: *[Signature]* **ROBERT A. SUGGER** **4-20-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>MENDEZ, GREGG</b>	
STREET ADDRESS <b>12000 SW 10TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33170</b>	
TITLE <b>D-</b>	<input type="checkbox"/> DELETE
NAME <b>MENDEZ, LAZARO</b>	
STREET ADDRESS <b>12000 SW 10TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33170</b>	
TITLE <b>D-</b>	<input type="checkbox"/> DELETE
NAME <b>ROBERT A. SUGGER</b>	
STREET ADDRESS <b>5050 MIAMI AVENUE, 500</b>	
CITY-ST-ZIP <b>MIAMI FL 33125</b>	
TITLE <b>D-</b>	<input type="checkbox"/> DELETE
NAME <b>COATE, TRICIA</b>	
STREET ADDRESS <b>12000 SW 10TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33170</b>	
TITLE <b>D-</b>	<input type="checkbox"/> DELETE
NAME <b>SALENO, HUMBERTO</b>	
STREET ADDRESS <b>5050 MIAMI AVENUE, 500</b>	
CITY-ST-ZIP <b>MIAMI FL 33125</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Luis Figueroa,</b>	
1.3 STREET ADDRESS <b>815 Ponce De Leon Blvd., #200,</b>	
1.4 CITY-ST-ZIP <b>Coral Gables, Florida 33134.</b>	
2.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Luis Figueroa,</b>	
2.3 STREET ADDRESS <b>815 Ponce De Leon Blvd., #200,</b>	
2.4 CITY-ST-ZIP <b>Coral Gables, Florida 33134.</b>	
3.1 TITLE <b>T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Luis Figueroa,</b>	
3.3 STREET ADDRESS <b>815 Ponce De Leon Blvd., #200,</b>	
3.4 CITY-ST-ZIP <b>Coral Gables, Florida 33134.</b>	
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	

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

SIGNATURE: *[Signature]* **LUIS A. FIGUEROA (RECEIVER)** **4-20-97** **(305) 442-0303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-20-97** Daytime Phone: **0002102**

CR2E037 (9/96)