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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002844 (8)

CONPREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2330 N.W. 102 AVE. BAY 2 MIAMI FL 33172-224 US	Mailing Address 2330 N.W. 102 AVE. Bay 2 MIAMI FL 33172-2224 US
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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
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3. Date Incorporated or Qualified 06/08/1994	4. FEI Number 65-0504553	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SKOLA, THOMAS J 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126
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10. Name and Address of New Registered Agent 81 Name: Perez, Maria 82 Street Address (P.O. Box Number is Not Acceptable): 2330 N.W. 102nd Ave 83 City: Miami 84 State: FL 85 Zip Code: 33172
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11. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: DP NAME: PEREIRA, JOSE LUIZ M STREET ADDRESS: 2330 N.W. 102 AVE. CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: DV NAME: PEREIRA, PAULO ROBERTO D STREET ADDRESS: 2330 N.W. 102 AVE. CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: DT NAME: PEREIRA, JOSE LUIZ D STREET ADDRESS: 2330 N.W. 102 AVE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: SKOLA, THOMAS J STREET ADDRESS: 5201 BLUE LAGOON DRIVE, SUITE 100 CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DP 1.2 NAME: ALEXANDRE CAVEDAGNE 1.3 STREET ADDRESS: 11770 S.W. 100th ST. 1.4 CITY-ST-ZIP: MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: DV 2.2 NAME: CELSO DELGADO 2.3 STREET ADDRESS: 233 HUNTING LODGE DR. 2.4 CITY-ST-ZIP: MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: VICE PRESIDENT 3.2 NAME: PAULO GONCALVES 3.3 STREET ADDRESS: 2330 N.W. 102 AVENUE 3.4 CITY-ST-ZIP: MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: DS 4.2 NAME: MARIA E. PEREZ 4.3 STREET ADDRESS: 3041 S.W. 77th PL.E 4.4 CITY-ST-ZIP: MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: TREASURER 5.2 NAME: JUAN ANTONIO SOLER 5.3 STREET ADDRESS: 2330 N.W. 102 AVENUE 5.4 CITY-ST-ZIP: MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: _____ 3/2/98

CP2E037 (10/97)