

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

FILED

Jan 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

DOCUMENT # 657238 (2)

1. Corporation Name
KEY LARGO OCEAN RESORTS CO-OP, INC.



Principal Place of Business Mailing Address
94825 OVERSEAS HIGHWAY 94825 OVERSEAS HWY
KEY LARGO FL 33037 KEY LARGO FL 33037-3877
US

3. Date Incorporated or Qualified 02/26/1980 3a. Date of Last Report 04/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1981596		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVA, PEDRO
94825 OVERSEAS HWY
KEY LARGO FL 33037

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVA, PEDRO	1.2 NAME	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LUIS FIDEL	2.2 NAME	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, DORA	3.2 NAME	
STREET ADDRESS	94825 OVERSEAS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, IBRAHIM	4.2 NAME	
STREET ADDRESS	94825 OVERSEAS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MOLINA, TEODORO	5.2 NAME	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PEDRO SALVA 1/8/97 (305) 852-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)