

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90107 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707689**

1. Corporation Name  
**SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM**

Principal Place of Business 1623 MIAMI GARDENS #147 N. MIAMI BEACH FL 33179	Mailing Address 1623 MIAMI GARDENS #147 N. MIAMI BEACH FL 33179
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2. Principal Place of Business 21 1647 MIAMI GARDENS DR Suite, Apt. #, etc. 22 125 City & State 23 N. MIAMI BEACH FL. Zip 24 33179 Country 25 USA	2a. Mailing Address 26 1647 MIAMI GARDENS DR Suite, Apt. #, etc. 27 125 City & State 28 N. MIAMI BEACH FL Zip 29 33179 Country 30 USA	3. Date Incorporated or Qualified 08/11/1964	4. FEI Number 59-1060232	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	

9. Name and Address of Current Registered Agent

**MARCOS, JULIAN**  
 1648 MIAMI GARDENS DRIVE  
 N MIAMI BEACH FL 33179

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARCOS, JULIAN	
STREET ADDRESS	1647 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VELEZ, CARMEN	
STREET ADDRESS	1635 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAPILE, PHILIP	
STREET ADDRESS	1623 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTELOW, EVA	
STREET ADDRESS	1619 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUETTE, ANDREW	
STREET ADDRESS	1619 MIAMI GARDEN DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	QUINTERO, ALFREDO	
STREET ADDRESS	1619 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCOS JULIAN	
1.3 STREET ADDRESS	1647 MIAMI GARDENS DRIVE	
1.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33179	
2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VELEZ CARMEN	
2.3 STREET ADDRESS	1035 MIAMI GARDENS DRIVE	
2.4 CITY-ST-ZIP	N. MIAMI FL. 33179	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDSEY CLARA	
3.3 STREET ADDRESS	1611 MIAMI GARDENS DRIVE	
3.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33179	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUIZ MARGARITA	
4.3 STREET ADDRESS	1601 MIAMI GARDENS DRIVE	
4.4 CITY-ST-ZIP	N. MIAMI BEACH	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GUETTE ANDREW	
5.3 STREET ADDRESS	1619 MIAMI GADENS DRIVE	
5.4 CITY-ST-ZIP	N. MIAMI FL. 33179	
6.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AMIEL JACK	
6.3 STREET ADDRESS	1611 MIAMI GARDENS DRIVE	
6.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33179	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 Date: 3/4/99 Daytime Phone #: (305) 940 1006

CR2E037 (11/98)