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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721866 (2) 1. Corporation Name CORAL HAVEN ASSOCIATION, INC.					
Principal Place of Business 10223 SW 20 TERRACE MIAMI FL 33165 US			Mailing Address PO BOX 850701 MIAMI FL 33265 US		
2. Principal Place of Business 21 10210 SW 20 Street Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33165		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA		3. Date Incorporated or Qualified 10/13/1971 4. FEI Number 59-2498488 Applied For 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 checked="" 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 checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent RUIZ, GUILLERMO F. 10208 S.W. 20 TERRACE MIAMI FL 33165			
10. Name and Address of New Registered Agent 81 Name REBOIRO, Santiago 82 Street Address (P.O. Box Number is Not Acceptable) 10106 SW 22 Terr. 83 84 City MIAMI FL 85 Zip Code 33165		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 <i>Santiago Reboiro</i> (SANTIAGO REBOIRO) (NOTE: Registered Agent Signature required when reinstating) DATE 1-22-98			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P CASTILLO, RAFAEL DEL 10223 S.W. 20 TERR. MIAMI FL VP ZALDIVAR, EUGENIO 10216 SW 21 TERRACE MIAMI FL S JORGE, GEORGINA 10208 SW 21 TERR MIAMI FL T SILVIO, GONZALEZ 10220 S.W. 21 TERR. MIAMI FL D SANTIAGO, THELMA 10216 SW. 20 TERR. MIAMI FL D GONZALEZ, ESPERANZA 10220 SW 21 TERRACE MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME TORRES, Leonor 1.3 STREET ADDRESS 10210 SW 20 Street 1.4 CITY-ST-ZIP MIAMI, FL 33165 2.1 TITLE VP 2.2 NAME FONTANA, Sandra 2.3 STREET ADDRESS 10211 SW 21 Terr. 2.4 CITY-ST-ZIP MIAMI, FL 33165 3.1 TITLE S 3.2 NAME R SANCHEZ, Rosa M. 3.3 STREET ADDRESS 10206 SW 20 Street 3.4 CITY-ST-ZIP MIAMI, FL 33165 4.1 TITLE T 4.2 NAME SUAREZ, Maria E. 4.3 STREET ADDRESS 10222 SW 20 Street 4.4 CITY-ST-ZIP MIAMI, FL 33165 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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: *efania E. Suarez* (MARIA E. SUAREZ) 1/22/98 (305) 221-7098

CR2E037 (10/97)