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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721866

1. Corporation Name

CORAL HAVEN ASSOCIATION, INC.

111778 - 90139 - 11

Principal Place of Business	Mailing Address
10210 SW 20 ST MIAMI FL 33165 US	PO BOX 650701 MIAMI FL 33265 US



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 10016 S.W. 23 Street		26	10/13/1971
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	4. FEI Number
22		27	59-2498488
City & State		28 City & State	5. Certificate of Status Desired
23 MIAMI, FL		28	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	Country	29 Zip	Country
33165	25 USA	29	30
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

REBOIRO, SANTIAGO
10106 SW 22 TERR
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name	CANIZARES, Carlos		
82 Street Address (P.O. Box Number is Not Acceptable)	10017 SW 22 Terrace		
83	Miami, FL 33165		
84 City	MIAMI	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 *Carlos Canizares*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LEONOR	1.2 NAME	ERVESUN, Celia M.
STREET ADDRESS	10210 SW 20 ST	1.3 STREET ADDRESS	10016 SW 23 Street
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANA, SANDRA	2.2 NAME	GARCIA, Gregorio
STREET ADDRESS	10211 SW 21 TERR	2.3 STREET ADDRESS	10015 SW 20 Terrace
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ROSA M	3.2 NAME	SCOTT, Mayra
STREET ADDRESS	10206 SW 20 ST	3.3 STREET ADDRESS	10115 SW 23 Terrace
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MARIA E	4.2 NAME	NO CHANGE
STREET ADDRESS	10222 SW 20 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, THELMA	5.2 NAME	SANCHEZ, Rosa M.
STREET ADDRESS	10216 SW. 20 TERR.	5.3 STREET ADDRESS	10206 SW 20 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ESPERANZA	6.2 NAME	REBOIRO, Santiago
STREET ADDRESS	10220 SW 21 TERRACE	6.3 STREET ADDRESS	10106 SW 22 Terrace
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33165

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 life empowered.

SIGNATURE: *Maria E Suarez* MARIA E SUAREZ JANUARY 13, 1999 (305) 221-7098
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)