


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90053 039 \*\*\*\*61.25

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 # 723635**

1. Corporation Name  
**MAR RONDA CONDOMINIUM, INC.**

Principal Place of Business 55 EAST 11 STREET, #33 HIALEAH FL 33010	Mailing Address 55 EAST 11 STREET, #33 HIALEAH FL 33010
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373193-90051-78

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1972
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2370495
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	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  PEREZ, RENE 55 EAST 11 STREET, #30 MAR RONDA CONDO. INC. HIALEAH FL 33010	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, RENE		1.2 NAME MARIO SILVA	
STREET ADDRESS 55 EAST 11 STREET, #33		1.3 STREET ADDRESS 55 EAST 11ST. STREET, # 27	
CITY-ST-ZIP HIALEAH FL 33010		1.4 CITY-ST-ZIP HIALEAH, FLORIDA 33010	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRINCO, DOLORES		2.2 NAME MARCOS A. MORALES	
STREET ADDRESS 55 EAST 11ST. STREET #2		2.3 STREET ADDRESS 55 EAST 11ST. STREET, # 29	
CITY-ST-ZIP HIALEAH FL 33010		2.4 CITY-ST-ZIP HIALEAH, FLORIDA 33010	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVA, MARIO		3.2 NAME MANUEL SANCHEZ	
STREET ADDRESS 55 EAST 11ST STREET #27		3.3 STREET ADDRESS 55 EAST 11ST. STREET, # 22	
CITY-ST-ZIP HIALEAH FL 33010		3.4 CITY-ST-ZIP HIALEAH, FLORIDA 33010	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 MARIO SILVA PRESIDENT FEB. 23/99 (305) 882-8816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-047RR1