

FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728410 (2)**

1. Corporation Name  
**ANDALUSIA CONDOMINIUM CORP.**



Principal Place of Business <b>6200 WEST FLAGLER ST. MIAMI FL 33144</b> <i>L.M. quality mgmt</i>	Mailing Address <b>6200 WEST FLAGLER ST. MIAMI FL 33144-3068</b>
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3. Date Incorporated or Qualified <b>12/07/1973</b>	3a. Date of Last Report <b>02/13/1996</b>
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21. Principal Place of Business <b>4001 N.W. 5 st</b>	2a. Mailing Address <b>P.O. Box 440915</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>MIAMI FL</b>	28. City & State <b>MIAMI FL</b>
24. <del>State</del>	25. <del>State</del>
29. <del>Zip</del>	30. <del>Country</del>

4. FEI Number <b>59-1550209</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**DIAZ, SERGIO R.  
6200 W. FLAGLER ST., #306  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name <b>Luzmary Nunez</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4001 N.W. 5 ST</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33126</b>

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/5/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LORENZO, NICOLAS F	
STREET ADDRESS	6200 W. FLAGLER ST., #102	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, SERGIO R	
STREET ADDRESS	6200 W. FLAGLER ST., #306	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ORELLANA, JULIO A	
STREET ADDRESS	6200 W. FLAGLER STRET, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP MARIO SAAVEDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	6200 W. FLAGLER ST #470	
1.4 CITY-ST-ZIP	MIAMI FL 33144	
2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELOY SAN JUAN	
2.3 STREET ADDRESS	6200 W. FLAGLER ST	
2.4 CITY-ST-ZIP	MIAMI FL 33144	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTA BARRACHA	
3.3 STREET ADDRESS	6200 W. FLAGLER ST	
3.4 CITY-ST-ZIP	MIAMI FL 33144	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002212384	
6.3 STREET ADDRESS	-06/16/97--01019--005	CS
6.4 CITY-ST-ZIP	***61.25	6/12/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)