


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729424 (2)
1. Corporation Name
VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business 9421 SOUTHWEST 4TH STREET MIAMI FL 33174	Mailing Address 9421 SOUTHWEST 4TH STREET MIAMI FL 33174-2002
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/15/1974		3a. Date of Last Report 03/16/1996	
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27		4. FEI Number 59-1594854		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. 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 SORDO, CESAR R ESQ 2903 SALCEDO ST CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name EDOARDO MELONI, HYMAN & KAPLAN, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street 83 27th Floor, Museum Tower 84 City Miami, FL 85 Zip Code 33130			
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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: EDOARDO MELONI, ESQ DATE: 4/23/97
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	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, ENRIQUE A		1.2 NAME	Carlos Aliaga			
STREET ADDRESS	9431 SE 4TH ST, #310		1.3 STREET ADDRESS	9441 SW 4th Street #105			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Florida 33174			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORES, JUAN		2.2 NAME	Pura Pino			
STREET ADDRESS	9431 S.W. 4TH STREET #213		2.3 STREET ADDRESS	9411 SW 4th Street # 409			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Florida 33174			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEAS, ORESTES		3.2 NAME	Roland Chaviano			
STREET ADDRESS	3710 SW 104TH CT		3.3 STREET ADDRESS	9431 SW 4th Street # 106			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Florida 33174			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WONG, MARIA E.		4.2 NAME	Zoraida Rivera			
STREET ADDRESS	9411 S.W. 4TH STREET #306		4.3 STREET ADDRESS	9401 SW 4th Street #107			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Florida 33174			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director of Maintenance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEL RIO, NORBERTO		5.2 NAME	Antonio Tuya			
STREET ADDRESS	9411 S.W. 4TH STREET #109		5.3 STREET ADDRESS	9411 SW 4th Street # 212			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Florida 33174			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Director of Utilities	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Irma Cherta			
STREET ADDRESS			6.3 STREET ADDRESS	9411 SW 4th Street #204			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, Florida 33174			

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.

SIGNATURE: Carlos Aliaga DATE: 4/22/97 DAYTIME PHONE: (305) 573-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)