

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735709 (8)

1. Corporation Name
VERSAILLES GARDENS II CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business: 9430 W FLAGLER ST MIAMI FL 33174
Mailing Address: 9430 W FLAGLER ST MIAMI FL 33174

3. Date incorporated or Qualified: 04/30/1976
3a. Date of Last Report: 02/13/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1690098	Applied For: <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
2. Principal Place of Business		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AGUERO, ELSA L. 9430 W. FLAGLER STREET MIAMI FL 33174				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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: *Elsa L. Agüero* ELSA L. AGUERO DATE: 4/4/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGUERO, ELSA L.			1.2 NAME	MOUSEL, SUSANA		
STREET ADDRESS	9430 W. FLAGLER STREET			1.3 STREET ADDRESS	9430 W. Flagler St		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	Miami, Fl. 33174		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, GONZALO			2.2 NAME	AGUERO, ELSA L		
STREET ADDRESS	9430 W. FLAGLER STREET			2.3 STREET ADDRESS	9430 W. Flagler St		
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP	Miami, Fl. 33174		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUIG, JUAN E.			3.2 NAME	PUIG, JUAN E.		
STREET ADDRESS	9430 W. FLAGLER STREET			3.3 STREET ADDRESS	9430 W Flagler St		
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP	Miami, Fl. 33174		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENITO, ELDA			4.2 NAME	PRIETO, DR. JOSE		
STREET ADDRESS	9430 W. GLAGLER STREET			4.3 STREET ADDRESS	9430 W Flagler St		
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP	Miami, Fl. 33174		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOUSEL, SUSANA			5.2 NAME	Fernandez, Aurelio		
STREET ADDRESS	9430 W. FLAGLER STREET			5.3 STREET ADDRESS	9430 W Flagler St		
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP	Miami, Fl. 33174		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIETO, DR. JOSE			6.2 NAME	CASTELLANOS, CARMEN		
STREET ADDRESS	9430 W. FLAGLER STREET			6.3 STREET ADDRESS	9430 W Flagler St		
CITY - ST - ZIP	MIAMI FL			6.4 CITY - ST - ZIP	Miami, Fl 33174		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susana MouseL* SUSANA MOUSEL- President DATE: 04/04/96 (39) 221-7960 DAYTIME PHONE #

CR2E037 (12/95)