

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/30/1976	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**AGUERO, ELSA L.
 9430 W. FLAGLER STREET
 MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSEL, SUSANA	1.2 NAME	
STREET ADDRESS	9430 W. FLAGLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUERO, ELSA L.	2.2 NAME	
STREET ADDRESS	9430 W. FLAGLER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY (CORRECTION) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASSEUR, ELSA L.	3.2 NAME	JOSEFINA O. VASSEUR
STREET ADDRESS	9430 W FLAGLER ST	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, ELIAS	4.2 NAME	
STREET ADDRESS	9430 W FLAGLER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, AURELIO	5.2 NAME	RAUL BALLINA
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN-RIVERO, EDGAR	6.2 NAME	
STREET ADDRESS	9430 W. FLAGLER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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

SIGNATURE: *Elsa L. Agüero* 02/11/98 (305) 221-7960

CR2E037 (10/97)