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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735709

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

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

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 (NOTE: Registered Agent signature required when reinstating) DATE 01/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSEL, SUSANA	1.2 NAME	ELSA L. AGUERO
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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUERO, ELSA L.	2.2 NAME	SUSANA MOUSEL
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	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASSEUR, JOSEFINA O	3.2 NAME	SARA L. HERNANDEZ
STREET ADDRESS	9430 W FLAGLER ST	3.3 STREET ADDRESS	9430 W. FLAGLER ST
CITY-ST-ZIP	MIAMI FL 3317	3.4 CITY-ST-ZIP	MIAMI, FL. 33174
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNOZ, ELIAS	4.2 NAME	EMILIO ORTEGA
STREET ADDRESS	9430 W FLAGLER ST	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	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLINA, RAUL	5.2 NAME	RAUL BALLINA
STREET ADDRESS	9430 W FLAGLER ST	5.3 STREET ADDRESS	9430 W. FLAGLER ST
CITY-ST-ZIP	MIAMI FL 33174	5.4 CITY-ST-ZIP	MIAMI, FL. 33174
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN-RIVERO, EDGAR	6.2 NAME	ANA MARIA PEDROSO
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 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 REQUIRED DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)