

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739698

(9)

COSTA BELLA ASSOCIATION, INC.

1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612		1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612		3. Date of Report 06/29/1984		3a. Date of Last Report 05/01/1994	
2. Filing Agent #		2a. Filing Agent #		4. Filing Agent # 59-1754406		Approved For Not Applicable	
21. Filing Agent #		26. Filing Agent #		5. Certificate of Status Disclosed ☐		\$8.75 Additional Fee Required	
22. Filing Agent #		27. Filing Agent #		6. Filing Agent # ☐		\$5.00 May Be Added to Fees	
23. Filing Agent #		28. Filing Agent #		7. Nonprofit with IRS 501(c)(3) ☐		\$68.75 Supplemental Fee Not Required	
24. Filing Agent #		29. Filing Agent #		8. Filing Agent # ☐		Filing Agent #	

9. Name and Address of Current Registered Agent DE LA TORRE, HELIO 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number, if Applicable)			
83. City				84. State			
85. Zip Code				86. Zip Code			

11. By signing this statement, I certify that I am the duly authorized officer or agent of the corporation, partnership, or other entity, and that I am authorized to execute this statement for the purpose of changing its registered agent or filing agent in the State of Florida. I hereby certify that the information contained herein is true and correct, and that I am authorized to execute this statement for the purpose of changing its registered agent or filing agent in the State of Florida.

SIGNATURE: _____

12. OFFICER AND DIRECTOR		13. OFFICER AND DIRECTOR	
NAME	CD CHALAKANI, JOHN 1450 SE BAYSHORE DRIVE #604 MIAMI, FL 33131 0	NAME	
ADDRESS	VP BARCELO, GLADYS 1450 SE BAYSHORE DRIVE #1207 MIAMI, FL 33131 0	ADDRESS	
NAME	SD DORIOL, GERARD 1450 SE BAYSHORE DRIVE #1811 MIAMI, FL 33131 0	NAME	
ADDRESS	D HAKSPIEL, MAURICE 1450 SE BAYSHORE DRIVE #910 MIAMI FL	ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	

14. I hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption of filing fees under F.S. 218.01(1)(b). I further certify that the information is true and correct, and that I am authorized to execute this statement for the purpose of changing its registered agent or filing agent in the State of Florida. I hereby certify that the information contained herein is true and correct, and that I am authorized to execute this statement for the purpose of changing its registered agent or filing agent in the State of Florida.

SIGNATURE: *John Chalakani* **JOHN CHALAKANI, President 4/28/95** 305-373 3100