FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mostham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

14. I do hereby certify that the information supplied winformation indicated on this annual report or supplied an an officer or director of the corporation of the appears in Block 12 or Block 13 if changed or or

(0)

	1. Corporation	poration Name (3)					t		
	COSTA BELLA ASSOCIATION, INC.					T NA POLY (DAGGO CIVILE VALVE CONSELECTION DIEN BURN BURN BURN BURN BURN BURN BURN BUR			
L									
	1450 8. BAYSHORE DRIVE			Mailing Address			L 100 Lift 40 F DE 21110 10 440 B 11140 EST	** (E1) B1011 B1011 B1011 B1011 B1011 B1011 [B2]	
				1450 S. BAYSHORE DRIV MIAMI FL 33131-3617	1450 S. BAYSHORE DRIVE MIAMI FL 33131-3617				
							3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 02/28/1996	
-	-a '	Incipal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
12	M. Suite Anti-	Suite, Apt. #, etc. Suite, Ap			D. Apt. #, etc.		59-1754406	Not Applicable	
1	Suite, Apt. (w, etc.		27 Sulle, Apt. #, etc.	<u> </u>			SB.75 Additional Fee Required	
I	Ony & State			City & State	 		6. Election Campaign Financing	\$5.00 May Be	
				28			Trust Fund Contribution	Added to Fees	
	Country			Zip	Zip Country 29 30		This corporation has liability for Florida Statutes	or intangible tax under s. 199.032,	
F	24 25 2 9. Name and Address of Current Re				1301			10. Name and Address of New Registered Agent	
1					81	Name			
	DÉ LA TO	ORRE, HEL	10		82	Street	Address (P.O. Box Number is Not Accept	rahle)	
	201 ALHAMBRA CIRCLE				83	D. (CO.)	The second of th		
		SUITE 1102				1			
	CORAL GABLES FL 33134				84	City		FL 85 Zip Code	
ŀ	11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the					e-named	corporation submits this statement for the		
1	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						poration's board of directors. I hereby acc	ept the appointment as registered	
	SIGNATURE								
	Stonature, typed or printed name of registered agent and title if applicable. (NOTE:				DTE: Rogistored Ag	ent signature	required when reinstating)	DATE	
ŀ	12.	OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	TITLE NAME	CDALAK	AAG IOUAI	DELETE	1.1 T/TLE	D-	Secretary MERCEDES B	UST Addition	
	IAME CHALAKANI, JOHN STREET ADDRESS 1450 SE BAYSHORE DRIVE SITY-ST-ZIP MIAMI, FL 33131 0			#604	1.2 NAME 1.3 STREE	L PODOCOC I	1450 SE BAYSH	ORE # 2007	
				#004	1.4 C(TY -			3 13 1	
╌┝	TITLE	VP	L 55101 0	DELETE	2.1 TITLE	D .	VP	Change X Addition	
1	NAME)	1 Program a su como				22 NAME TOGO WISOS HOPPAN			
	STREET ADDRESS 1450 SE BAYSHORE DRIVE #1 CITY-ST-2IP MIAMI, FL 33131 0			#1207	2.3 STREE	ADDRESS	1450 S.E. BAYEN	ore beive #1210	
					2.4 CITY-	ST-ZIP	MIAMI-FL 3313	<i>.</i>	
	TITLE	SD		DELETE	3 1 TITLE		D	☐ Change Addition	
	NAME	SHORE,		-	3.2 NAME		ELLWORTH HUNTER AU	GUSTUS 1010	
	STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1460 S.C. BAYSHORE	DEWE 1710	
	CITY-ST-ZIP TITLE	MIAMI FI		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	MAMMIFL 33131 TREASURER	Change Addition	
	NAME	D Përez	IOAOLIIN	_ bittit	4.1 (IILE 4.2 NAME		1 ECHSURGE	Change	
	STREET ADDRESS		BAYSHORE DRIVE	#1814		ADDRESS			
77	CITY-ST-2IP	MIAMI FI		,	4.4 CITY - 1			•	
17 A	TITLE	T		DELETE	5.1 TITLE		PRESIDENT	Change Addition	
ţ.	NAME)	ALVARO, ARGUELLO			5.2 NAME		DANIER H. SANGHEZ	*** **********************************	
5	STREET ADDRESS 1450 SE BAYSHORE DRIVE #181			#1812	•		1450 S.E. BAYSHOR	e deive # 1807	
	CITY-ST-ZIP	<u>MIAMI FI</u>		T No. and	5.4 C(TY-5		MIAMI - FL 23131		
i i	TITLE			DELETE	6.1 TITLE		RMA LINDA JAFFE	Change Addition	
1.1	NAME (6.2 NAME	ADDRESS	1450 Southeast Bay Hulli, Roeioa 5:	SHORE DAIVE # 508	
	STREET ADDRESS			Λ . 0	6.3 STREE	ADDRESS	LIMINA MORION DE	9101	

her not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name it with an address.