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Feb 04 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 # 739698 (9)

1. Corporation Name

COSTA BELLA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1450 S. BAYSHORE DRIVE
MIAMI FL 33131-3612

1450 S. BAYSHORE DRIVE
MIAMI FL 33131-3612

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1450 BRICKEL BAY DRIVE

22 City & State

27 Suite, Apt. #, etc.

OFFICE

23 Zip

28 Miami, FL

24 Country

29 33131

25 Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1984

4. FEI Number

59-1754406

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DE LA TORRE, HELIO
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS
MERCEDES, BUSTO
1450 SE BAYSHORE #2007
MIAMI, FL 33131 0

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
HERRAN, JOSE UUSES
1450 SE BAYSHORE DR., #1210
MIAMI, FL 33131 0

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
JAFEE, RITA LINDA
1450 SE BAYSHORE DR., #505
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
PEREZ, JOAQUIN
1450 SE BAYSHORE DRIVE #1814
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
SANCHEZ, DANIEL H
1450 SE BAYSHORE DR., #1807
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D
Caballero, Gloria
1450 BRICKEL BAY DR. #1107
MIAMI, FL 33131

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

T
EARL, Brenda L
1450 BRICKEL BAY DR #1212
MIAMI, FL 33131

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

DS
RIOS, Dora Y
1450 BRICKEL BAY DR #2002
MIAMI, FL 33131

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

DP
Perez, Joaquin
1450 BRICKEL BAY DR. #2003
MIAMI, FL 33131

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

VP
VA/CARCE, Armando L
1450 BRICKEL BAY DR. #1610
MIAMI, FL 33131

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: SIGNATURE REQUIRED

01/09/98 (305) 3733100

CR2E037 (10/97)