

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747969 (4)
1. Corporation Name
LAS PALMAS CONDOMINIUM No. 9/10
1512 SW 104 AVE ASSOCIATION, INC
MIAMI FL 33174-2770

Principal Place of Business Mailing Address

2. Principal Place of Business
21 1512 SW 104 AVE
Suite, Apt. #, etc.
22 MIAMI FL
City & State
23 33174 25 DADE
Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 MIAMI FL
City & State
28 33174 30 DADE
Zip Country

3. Date Incorporated or Qualified 07/05/1979
3a. Date of Last Report 2/14/1996
4. FEI Number 650336449
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BASANTES, GEORGE
1510 SW. 104 AVE.
MIAMI FL 33174-2770

10. Name and Address of New Registered Agent
81 Name MORAIMA Y. CAMPELLO
82 Street Address (P.O. Box Number is Not Acceptable) 1512 SW 104 AVE
83
84 City MIAMI FL 85 Zip Code 33174-2770

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 Moraima Y. Campello DIRECTOR 4/2/1997
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	P/T/D	<input type="checkbox"/> DELETE
NAME	CAMPELLO, MORAIMA Y.	
STREET ADDRESS	1512 SW. 104 AVE	
CITY - ST - ZIP	MIAMI FL 33174-2770	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	BASANTES, JORGE	
STREET ADDRESS	665 BANKS ROAD	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASANTES, CARMEN	
STREET ADDRESS	665 BANKS ROAD	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002139408
6.3 STREET ADDRESS	-04/10/97--01077--022
6.4 CITY - ST - ZIP	***61.25

14. I do 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: Moraima Y. Campello 3/19/97 (305) 551-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DIRECTOR

CR2E037 (9/96)