


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

0030635

04-27-1999 90215 025 \*\*\*\*\*8.75  
 04-27-1999 90215 026 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751028**

1. Corporation Name  
**THE CORVETTE CONDOMONIUM ASSOCIATION, INC.**

Principal Place of Business 7430 BYRON AVENUE APT 7-B MIAMI BEACH FL 33141	Mailing Address 7430 BYRON AVENUE APT 7-B MIAMI BEACH FL 33141
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2. Principal Place of Business 21 <u>7440 BYRON AV.</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>7440 BYRON AV.</u> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 02/13/1980	4. FEI Number 59-2179160	Applied For <input checked="" type="checkbox"/> Not Applicable
23 <u>MIAMI BEACH, FL</u> City & State Zip Country 24 <u>33141</u> 25	28 <u>MIAMI BEACH, FL</u> City & State Zip Country 29 <u>33141</u> 30	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**DE-LUIZ, ORLANDO**  
 1615 WEST AVE.  
 APT 302  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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 ORLANDO DE-LUIZ (NOTE: Registered agent signature required when reinstating) DATE 4-15-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RABAH, CHRISTINE	
STREET ADDRESS	7430 BYRON AVE., 10A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATORCEVIC, NEVENKA	
STREET ADDRESS	7430 BYRON AVE., 5-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE-LUIZ, ORLANDO	
STREET ADDRESS	7430 BYRON AVE., 7-A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARBELAEZ, MATILDA	
STREET ADDRESS	7440 BYRON AVE., 7-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SORIANO, GLORIA	
STREET ADDRESS	7440 BYRON AVE., 9-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	
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, with all other like empowered.

SIGNATURE: CHRISTINE RABAH 4-15-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHRISTINE RABAH** Date Daytime Phone #

CR2E037 (11/98)