

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:10

DOCUMENT # 757875 (0)

1. Corporation Name

VIZCAYA HEIGHTS CONDOMINIUM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% MARCO A. SUAREZ-BURGOS 3001 S.W. 1ST AVE., SUITE 103 MIAMI FL 33129		% MARCO A. SUAREZ-BURGOS 3001 S.W. 1ST AVE., SUITE 103 MIAMI FL 33129	

3. Date Incorporated or Qualified 05/06/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2183758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 8001 SW 1st Ave	26 3001 SW 1st Ave
Suite, Apt. #, etc. Unit 206	Suite, Apt. #, etc. Unit 103
22 City & State Miami FL	27 City & State Miami FL
23 Zip 33129	28 Zip 33129
Country Dade	Country Dade

9. Name and Address of Current Registered Agent

SUAREZ-BURGOS, MARCO A
3001 S.W. 1ST AVE.
SUITE 103
MIAMI FL 33129

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Marco A. Suarez-Burgos M.A. Suarez-Burgos 3/11/95
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE President	NAME HADDOW, KEN
STREET ADDRESS 3001 SW 1ST AVE., #206	CITY-ST-ZIP MIAMI FL 33129
TITLE Secretary	NAME SUAREZ-BURGOS, MARCO A
STREET ADDRESS 3001 SW 1ST AVE., #103	CITY-ST-ZIP MIAMI FL 33129
TITLE President	NAME DANG, MARILYN R
STREET ADDRESS 3001 SW 1ST AVE. #205	CITY-ST-ZIP MIAMI FL 33129
Resigned	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HADDOW, Ken	
1.3 STREET ADDRESS 3001 SW 1st Ave, #206	
1.4 CITY-ST-ZIP Miami, FL 33129	Direct
2.1 TITLE Treasurer - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SUAREZ-BURGOS, MARCO A	
2.3 STREET ADDRESS 800 SW 30 Road	
2.4 CITY-ST-ZIP Miami, FL 33129	Direct
3.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME PEREZ, Silvia	
3.3 STREET ADDRESS 3001 SW 30 Road #205	
3.4 CITY-ST-ZIP Miami, FL 33129	Direct
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marco A. Suarez-Burgos M.A. Suarez-Burgos 03-11-95 856-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) Phone #