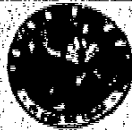


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 761030 (6)

1. Corporation Name  
**GREGORIO REYES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
1500 S.W. 66 CT 1500 S.W. 66 CT  
APT. #1 APT. #1  
MIAMI FL 33144 MIAMI FL 33144

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 12/11/1981 3a. Date of Last Report 04/22/1994  
4. FEI Number 59-2399157 Applied For Not Applicable  
5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

APPROVED AND FILED  
95 APR 26 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent  
**JORGE L. FERNANDEZ**  
1500 S.W. 66 CT.  
APT #1  
MIAMI FL 33144

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME JORGE FERNANDEZ  
STREET ADDRESS 1500 SW 66 COURT #1  
CITY-ST-ZIP MIAMI FL 33144  
TITLE STD  
NAME CELIANO FERNANDEZ  
STREET ADDRESS 1500 SW 66 COURT #1  
CITY-ST-ZIP MIAMI FL 33144  
TITLE VPD  
NAME SEGUNDO ARDAVIN  
STREET ADDRESS 1500 SW 66 COURT #4  
CITY-ST-ZIP MIAMI FL 33144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 110.07(3)(b), 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 record 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: Jorge Fernandez Date April 20, 1995 (30) 646723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR