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FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763177** (3)

1. Corporation Name

SCHLARAFFIA COSTA AUREA, INC.

Principal Place of Business

Mailing Address

**6769 ARBOR DRIVE
MIRAMAR FL 33023
US**

**ERNEST A. SEEMANN, ESQ.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904-9626**



3. Date Incorporated or Qualified **05/07/1982** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2235912	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEEMANN, ERNEST A.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDLER, BRUNO	1.2 NAME	
STREET ADDRESS	1323 SW 3RD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSE, WILHELM F	2.2 NAME	
STREET ADDRESS	3980 SW 30TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHENBURG, H.W.	3.2 NAME	VP SCHWABE, MICHAEL
STREET ADDRESS	6769 ARBOR DRIVE	3.3 STREET ADDRESS	3982 SW 136th Ave
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHENBURG, H.W.	4.2 NAME	
STREET ADDRESS	6769 ARBOR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEMANN, ERNEST A	5.2 NAME	
STREET ADDRESS	4729 DEL PRADO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUN, EMIL	6.2 NAME	
STREET ADDRESS	2899 COLLINS AVE. #529	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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, as typed, or on an attachment with an address.

SIGNATURE:  **ERNEST A. SEEMANN Asst Sec. 2/11/97 941-540-7007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055214

CR2E037 (9/96)