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NONPROFIT CORPORATION ANNUAL REPORT

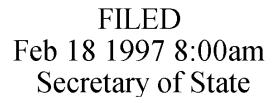


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997



1. Corporation	MENT # 76460	ζ-,			
1303 (	JONAL WAT CONDOMINIO	NI NOOUUNTIUN, INU	•		
Principal Plac	ce of Business	Mailing Address			
1385 CORAL WAY L#304 1385 CORAL WAY L#304 MIAMI FL 33145 MIAMI FL 33145-2941			•	;	
				3. Date Incorporated or Qualified 08/18/1982	3a. Date of Last Report 02/19/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-2241413	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees intangible tax under s. 199.032,
24	25	29	[30]		Yes No
	9. Name and Address of Curre	ent Registered Agent	641 31-	10. Name and Address of New Re	gistered Agent
HERNAI	DEZ, RAFAEL M.		81 Name	ddress (P.O. Box Number is Not Acceptab	1.
1385 CORAL WAY STE 406 SUITE 406			83 Street AC	Doress (P.O. Box Number is Not Acceptab	oe)
	106 FL 33145		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			ION UIV		FL 85 Zip Code
	t to the provisions of Sections 617.05 registered agent, or both, in the Stat	502 and 617.1508, Florida State of Florida. Such change wa		orporation submits this statement for the pration's board of directors. I hereby accept	
11. Pursuant office or agent. I a	Signature, typied or printed name of registered a	igent and title if applicable. (N	tutes, the above-named or s authorized by the corpo- Florida Statutes.		purpose of changing its registered of the appointment as registered
11. Pursuant office or agent. I a	Signature, typied or printed name of registered a		tutes, the above-named or s authorized by the corpo- Fiorida Statutes.		purpose of changing its registered of the appointment as registered
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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 of 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:

CHARLES ON ESHITED HAME OF BIGNING OF CER OR DIRECTOR

Daytime Phone # 0030292