FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 767115 (9)

1. Corporation Name

INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1414 NW 107 AVE #115 MIAMI FL 33172	1414 NW 107 AVE #115 MIAMI FL 33172

3. Date Incorporated or Qualified: 02/17/1983
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 1414 NW 107 Ave	26 1414 NW 107 Ave
Suite, Apt. #, etc. 22 #110	Suite, Apt. #, etc. 27 #110
City & State 23 Miami FL	City & State 28 Miami, FL
Zip 24 33172 Country 25 USA	Zip 29 33172 Country 30 USA

4. FEI Number: 59-2247624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, SYLVIA P.
1414 NW 107 AVE.
#115
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Sylvia Pigue Alvarez
82 Street Address (P.O. Box Number is Not Acceptable): 1414 NW 107 Ave
83 #110
84 City: Miami FL 85 Zip Code: 33172

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: Sylvia Pigue 6/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	DONNELL, ALBERTO		1.2 NAME		
STREET ADDRESS	11750 S.W. 18TH ST #504		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ DEL REAL,WILFREDO		2.2 NAME		
STREET ADDRESS	11750 S.W. 18TH ST #529		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, DANIEL		3.2 NAME		
STREET ADDRESS	11750 S.W. 18TH ST #514		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ,EDITH		4.2 NAME		
STREET ADDRESS	11780 S.W. 18TH ST #331		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	700001884637	☐ Change ☐ Addition
NAME	AGUERO, YOLANDA		5.2 NAME	-07/05/96--01028--036	
STREET ADDRESS	11750 S.W. 18TH ST #570		5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MIAMI FL 33175		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

7-3-96

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: Edith Martinez Edith Martinez 6/20/96 477-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)