FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

1414 NW 107 AVE

r# 767115

(9)

Mailing Address

INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, IN C.

#110 MIAMI FL 33172		#110 MIAMI FL 33172-2739				
				3. Date Incorporated or Qualified 02/17/1983	3a. Date of Last Report 07/03/1996	
2. Principal P	ace of Business	2a. Mailing Address	······		4. FEI Number	Applied For
21		26			59-2247624	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country		B. This corporation has liability for	
24	25	29 30	_		· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current	1	<u>-</u>		10. Name and Address of New Re	glatered Agent
			81	Name	Sylvia PIQUE A	Quas=2
AI VARE	Z, SYLVIA P.		82	Stroot /	Address RO Pay Number is Not Assentate	WAKE C
	V 107 AVE.		02	SHOOLF	Address P.O. Box Number is Not Acceptate	e. # 110
# 110	, 101 , 112.		83		······································	
MIAMI F	L 33172		84	Ciac		Inc. Zin Code
				City	MIANI	FL 85 Zip Code 33/72-27
11. Pursuant office or r agent. La	to the provisions of Sections 617.0502 egistered agent, or both, in the State c m farniliar with, and accept the obligat	and 617.1508, Florida Statutes, f Florida. Such change was aut ions of, Section 617.0503, Florid	, the above thorized by da Statutes	e-named of the corp	corporation submits this statement for the poration's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		ni signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	———	ADDITIONS/CHANGES TO OFFICE	
TITLE	DONNELL ALDEDTO	XXXDELETE	1.1 TITLE	ľ	T <i> D</i>	Change Addition
NAME	DONNELL, ALBERTO		1.2 NAME	1000000	Rodriguez, Luz Ele	
STREET ADDRESS	11750 S.W. 18TH ST #504		1.3 STREET	· I	11750 Sw 18 Street	#530
CITY - ST - ZIP TITLE	MIAMI FL 33175	XXX DELETE	1.4 CITY - S 2.1 TITLE	31 - ZIP	Miami, Florida 331	75 Change Addition
	PD	· 	2.1 INLE		9 0	24
NAME	ALVAREZ DEL REAL,WILFREDO 11750 S.W. 18TH ST #529	,		1000000	Dominguaz, Idelisa	"200
STREET ADDRESS			23 STREET		11750 SW 18 Street	
CITY+S1-ZIP TITLE	MIAMI FL 33175 D	XXX DELETE	2 4 CITY-5 3.1 TITLE	SI-ZIP	Miami, Florida 331	7.5 Change Addition
NAME	FERNANDEZ, DANIEL	and the process	32 NAME	-	D	And ordered
NAME STREET ADDRESS	11750 S.W. 18TH ST #514		3.3 STREET	Annored	Edita Cirbonell	: #357
				1	11780 SW 18 Street	
CITY - ST - ZIP	MIAMI FL 33172 S	XXXXELETE	3.4. CiTY - S 4.1 TITLE	51-217	Miami, Florida 331	7.5 Addition
NAME	_	AAA	4.1 HALE 4.2 NAME		s <i>[0</i>	ANA THINGS IN THOUSAND
STREET ADDRESS	MARTINEZ,EDITH 11780 S.W. 18TH ST #331		4.2 NAME	ADDRESS	Pedro Gayo 11750 SW 18 Street	#120
	MIAMI FL 33175				Miami, Florida 331	ガミンU プロ
CITY-ST-ZIP TITLE	MIMMI FL 33173	☐ DELETE	4.4 CITY+S 5.1 TITLE	1-211		Change XX Addition
NAME		- Driest	5.7 THLE		Λήρ	Li change And radiitori
			5.3 STREET	*DODECC	Edith Martinez	
STREET ADDRESS				- 1	11780 SW 18 Street	
CITY-S1-ZIP TITLE	.,	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-2117	Miami, Florida 331	75 Change Addition
			6.2 NAME		•	ET OURINGO ET VOCIDOR
NAME				4000000		
Streel Address			6.3 STREET	ADDRESS		

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 if changed, or on an attachment with an address.

CITY-SI-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sameguez

3/13/97 Jaylime from 0032558

FILED

Apr 01 1997 8:00am

Secretary of State