FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767115

1. Corporation Name: INTERNATIONAL PARK I CONDOMINIUM Ass. INC.

Principal Place of Business
11750 - 11780 SW 18th St
Miami, Fl. 33175

Mailing Address
17250 NE 19th Ave.
North Miami Beach,
Fl. 33162

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 11750-11780 SW 18th St.	26 17250 NE 19th Ave.	2-17-1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2247624 ☐ Applied For ☐ Not Applicable
City & State 23 North Miami Beach	City & State 28 Fl 33162	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33162 Country 25 Fl	Zip 29 33162 Country 30 FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MJB MANAGEMENT SERVICES, INC.
17250 NW 19th Ave.
NORTH MIAMI BEACH, FL. 33162

10. Name and Address of New Registered Agent

81 Name: MARITZA BORONAT 8/23/99
82 Street Address (P.O. Box Number is Not Acceptable): 17250 NE 19th Ave
83
84 City: NORTH MIAMI Beach FL 85 Zip Code: 33162

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: Maritza Boronat — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 8/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BLANCO, RAFAEL 11780 SW 18th St. # 128 Miami, Fl. 33175 ☐ DELETE XXXXXXXX	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP MARTINEZ, EDITH 11780 SW 18th St. # 331 Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DONNELL, ALBERTO 11750 SW 18th St. # 223 Miami, Fl. 33175 ☐ DELETE XXXXXXXX	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DT ALVAREZ, MARIANA 11750 SW 18th St. # 513 Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MUNOZ, LUIS 11780 SW 18th St. # 121 Miami, Fl. 33175 ☐ DELETE XXXXXXXX	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS WILLIS, GLADYS 11780 SW 18th St. # 117 Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD GARCIA, ERNESTO 11750 SW 18th St. # 424 Miami, Fl. 33175 ☐ DELETE XXXXXXXX	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DD CARBONELL, EDITA 11780 SW 18th St. # 327 Miami, Fl. 33175 ☐ Change ☐ Addition XXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD MARTINEZ, EDITH CHANGE XXXXXX 11780 SW 18th St. # 331 Miami, Fl. 33175	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DD GONZALEZ, REYNEIRO ☐ Change XXXXXX 11750 SW 18th St. #419 Miami, Fl. 331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

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14. I 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, with all other like empowered.

SIGNATURE: Edith Martinez President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/23/99 — Daytime Phone #: 305-980-8795