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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **F24313** (1)
 1. Corporation Name
MONTECARLO CONDOMINIUM ENTERPRISES, INC.

Principal Place of Business Mailing Address
740 - 71ST ST. MIAMI BEACH FL 33141 **740 - 71ST ST. MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified **03/30/1981** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2085277** 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
LOPEZ, AMADA CANTERO
1036 SW 1ST ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, LEUDO
STREET ADDRESS	HOTEL SAVOY, AVENIDA MIAMI FL
CITY - ST - ZIP	
TITLE	PD
NAME	GONZALEZ, HECTOR
STREET ADDRESS	% 1040 SW 1 STREET MIAMI FL
CITY - ST - ZIP	
TITLE	VD
NAME	IBANEZ, MARCELINO
STREET ADDRESS	APT. DE CORREO 40734 NE GR CA, VENEZUELA
CITY - ST - ZIP	
TITLE	TD
NAME	SANCHEZ, MANUEL
STREET ADDRESS	C/O 1040 SW 1 STREET MIAMI FL
CITY - ST - ZIP	
TITLE	SD
NAME	RAJMAN, ISAAC
STREET ADDRESS	1023 SEYBOLD BLDG. MIAMI FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D GONZALEZ LEUDO
1.3 STREET ADDRESS	HOTEL SAVOY
1.4 CITY - ST - ZIP	CARACAS VENEZUELA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: Isaac Rajman March 10/95 372-8785
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation