

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 01, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

02-01-1999 90016 017 ****150.00

DOCUMENT # K42234

1. Corporation Name
FONTAINEBLEAU PARK APARTMENTS, INC.



Principal Place of Business
 9721 FONTAINEBLEAU BLVD.
 MIAMI FL 33172

Mailing Address
 6505 BLUE LAGOON DRIVE
 SUITE 250
 MIAMI FL 33126-6001
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
10/31/1988

4. FEI Number
65-0080488

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACICEDO, RAMON R., JR.
6505 BLUE LAGOON DRIVE, SUITE 240
MIAMI FL 33126-6001

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACICEDO, RAMON R.	1.2 NAME	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126-6001	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE A.	2.2 NAME	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126-6001	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GUS	3.2 NAME	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126-6001	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACICEDO, RAMON JR.	4.2 NAME	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126-6001	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: _____ **NO SIGNATURE REQUIRED**
 Signature, typed or printed name of signing officer or director

4/7/99 305 265 1771
 Date Daytime Phone #

CR2E034 (11/98)