


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

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90019 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L50373

1. Corporation Name
CONDOMINIUM BONAIRE 204, INC.

Principal Place of Business 200 S BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131 US	Mailing Address 200 S BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1990	
4. FEI Number 98-0109575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION
200 S BISCAYNE BLVD
20TH LOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLOUTIER, JACQUES	
STREET ADDRESS	C. P. 40, BAIE ST PAUL	
CITY-ST-ZIP	QUEBEC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GILBERT, HERMANN	
STREET ADDRESS	C. P. 40, BAIE ST PAUL	
CITY-ST-ZIP	QUEBEC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PAQUET, DENIS	
STREET ADDRESS	C P 40	
CITY-ST-ZIP	BAIE SAINT-PAUL QU	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHEEZAM, JAN C	
STREET ADDRESS	701 BRICKELL AVE STE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	P Cloutier Jacques
1.3 STREET ADDRESS	67-201 Boul. Fafard
1.4 CITY-ST-ZIP	Baie St Paul, Quebec, G3Z 2J7
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. Gilbert Hermann
2.3 STREET ADDRESS	67-201 Boul. Fafard
2.4 CITY-ST-ZIP	Baie St Paul, Quebec, G3Z 2J7
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	St Paquet Jean-Denis
3.3 STREET ADDRESS	67-201 Boul. Fafard
3.4 CITY-ST-ZIP	Baie St Paul, Quebec, G3Z 2J7
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 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:

Signature of Jacques Cloutier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 1999 1-418-435-62
Date Daytime Phone #

CR2E034 (1/98)