

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04944** (7)
1. Corporation Name
**LA PLAYA DE VARADERO MOTEL CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
**15965 COLLING AVE. ASSOC. BOX
MIAMI BEACH FL 33180
US** **PO BOX 650964
MIAMI FL 33265-0964
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/31/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2447020** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ROIG, CRISTOBAL
13010 SW 85 ST
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81 Name **EMILIO HERNANDEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **7199 W 30 CT**
83 **HIALEAH**
84 City **HIALEAH** 85 Zip Code **FL 33016**

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]* DATE **5/9/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	HERNANDEZ, EMILIO
STREET ADDRESS	7199 W 30 CT
CITY - ST - ZIP	HIALEAH FL
TITLE	TD
NAME	DEL VALLE, OVIDO
STREET ADDRESS	455 EAST 9 ST.
CITY - ST - ZIP	HIALEAH FL 33010
TITLE	SD
NAME	GARCIA, ELA
STREET ADDRESS	1195 WEST 33 ST
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	PD
NAME	CRISTOBAL, ROIG
STREET ADDRESS	13010 5 ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	JOSE, ALFONSO
STREET ADDRESS	13000 S.W. 85TH ST.
CITY - ST - ZIP	MIAMI FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700001490567
1.3 STREET ADDRESS	-05/17/95--01044--003
1.4 CITY - ST - ZIP	****130.00 ****130.00
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD RAMON GUTIERREZ
3.3 STREET ADDRESS	10405 NW 32 AV
3.4 CITY - ST - ZIP	MIAMI - FL 33147
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ORLANDO GONZALEZ
4.3 STREET ADDRESS	7815W 10th AVE
4.4 CITY - ST - ZIP	HIALEAH FL 33014
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ARAMIS LOPEZ
5.3 STREET ADDRESS	8402 NW 189 TERR
5.4 CITY - ST - ZIP	MIAMI - FL 33015
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ARAMIS LOPEZ** DATE: **4/20/95** **305-554-1427**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR