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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04944** (7)

1. Corporation Name

**LA PLAYA DE VARADERO MOTEL CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

15996 COLLINS AVE. ASSOC. BOX
MIAMI BEACH FL 33160
US

PO BOX 650964
MIAMI FL 33265-0964
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, EMILIO
7199 W 30 CT
HIALEAH FL 33016

81

Name

MARIA MENDEZ

82

Street Address (P.O. Box Number is Not Acceptable)

14210 SW 37 ST.

83

MIAMI-FL 33175

84

City

FL

85

Zip Code

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

Maria Mendez

PRESIDENT

3-10-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, EMILIO	
STREET ADDRESS	7199 W 30 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUINTERO, JESUS	
STREET ADDRESS	7389 S WATERWAY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, RAMON	
STREET ADDRESS	10405 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ORLANDO	
STREET ADDRESS	7815 10TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ARAMIS	
STREET ADDRESS	8902 NW 189 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA MENDEZ	
1.3 STREET ADDRESS	14210 SW 37 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33175	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEDRO C. PEREZ	
2.3 STREET ADDRESS	250 NW 107 AVE #219	
2.4 CITY-ST-ZIP	MIAMI-FL 33175	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA QUINTERO	
3.3 STREET ADDRESS	7389 S WATERWAY DR	
3.4 CITY-ST-ZIP	MIAMI-FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIGUEL F. GONZALEZ	
4.3 STREET ADDRESS	895 W 39 PL	
4.4 CITY-ST-ZIP	HIALEAH-FL 33015	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANGEL P. ALONSO	
5.3 STREET ADDRESS	14745 SW 36 TERR	
5.4 CITY-ST-ZIP	MIAMI-FL 33185	
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 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.

SIGNATURE:

Maria Mendez

MARIA MENDEZ

3/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034119

CR2E037 (9/96)