

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04944

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

Principal Place of Business 15995 COLLINS AVE. ASSOC. BOX MIAMI BEACH FL 33160 US	Mailing Address PO BOX 650964 MIAMI FL 33265-0964 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/31/1984
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2447020
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent LOPES, ARAMIS 8902 NW 189TH TERRACE MIAMI FL 33015	10. Name and Address of New Registered Agent 81 Name MARIA CASTRO 82 Street Address (P.O. Box Number is Not Acceptable) 15995 COLLINS AVE # B-320 83 84 City SUNNY ISLES FL 85 Zip Code 33160
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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 Castro* **MARIA CASTRO - PRESIDENT** **2/8/99**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P GONZALEZ, ORLANDA	1.2 NAME	D JUANA MUNOZ
STREET ADDRESS	7815 NW 10TH AVENUE	1.3 STREET ADDRESS	15995 COLLINS AVE # A-111
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	SUNNY ISLES- FL 33160
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD LOPEZ, ARAMIS	2.2 NAME	TD ERNESTO AROCHA
STREET ADDRESS	8902 NW 189TH TERRACE	2.3 STREET ADDRESS	1314 W 38 PL
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	HIALEAH- FL 33012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD GUTIERREZ, RAMON	3.2 NAME	
STREET ADDRESS	10405 NW 32ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HERNANDEZ, EMLIO	4.2 NAME	D RINA LAVERNIA
STREET ADDRESS	8050 NW 186TH TERRACE	4.3 STREET ADDRESS	3430 W 13 AVE
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	HIALEAH-FL 33012
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CASTRO, MARIA	5.2 NAME	PRESIDENT
STREET ADDRESS	15995 COLLINS AVENUE #A-114	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160	5.4 CITY-ST-ZIP	
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	

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 617, 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: *Maria Castro* **SIGNATURE REQUIRED** **2/8/99** **(315) 948-9002**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)