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SECRETARY OF STATE TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra E. Northam Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06466 (9) SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: C/O TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY, SUITE 300 MIRAMAR FL 33025 US Mailing Address: C/O TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY, SUITE 300 MIRAMAR FL 33025-4182 US

3. Date Incorporated or Qualified 12/04/1984 3a. Date of Last Report 03/22/1996

2. Principal Place of Business: 21 010 34 M Condo. Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33172 Country 25 USA 26 27 28 29 30

4. FEI Number 59-2499105 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent: TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY SUITE 300 MIRAMAR FL 33025

10. Name and Address of New Registered Agent: 81 Name 34 M Condo Management 82 Street Address (P.O. Box Number is Not Acceptable) 275 FONTAINEBLEAU Blvd. #200 83 84 City Miami FL 85 Zip Code 33172

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: [Signature] DATE: 1/28/97

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: PD DUMOVICH, ROBERTA; D DOVAL, VIVIAN; D FERNANDEZ, LOURDES; D TARRES, HIGINO.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include: P/D Jose Lopez; D Robert Finelli; S/D Norberto Garcia; T/D Orlando Conde; V/P/D Felix Doval.

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: [Signature] DATE: 1/28/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023884

CFR2037 (9/96)