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Sep 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N10887 (0)

1. Corporation Name

LA PLAYA DE VARADERO II MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

15901 COLLINS AVE.  
N. MIAMI BEACH FL 33160

Mailing Address

15901 COLLINS AVE.  
N. MIAMI BEACH FL 33160-4724



3. Date Incorporated or Qualified 08/26/1985  
3a. Date of Last Report 07/18/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number 59-2618445  
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

CONDE, EDDY T  
15901 COLLINS AVENUE  
#800  
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name ALINA BORGES, Pres  
82 Street Address (P.O. Box Number is Not Acceptable) 15901 COLLINS AVE  
83  
84 City MIAMI BEACH FL 85 Zip Code 33160

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 ALINA BORGES, President 9/1/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDE, EDDY T		1.2 NAME	
STREET ADDRESS	15901 COLLINS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ZORAIDA		2.2 NAME	
STREET ADDRESS	15901 COLLINS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, VIRGINIA		3.2 NAME	
STREET ADDRESS	15901 COLLINS AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUESTA, JORGE		4.2 NAME	
STREET ADDRESS	15901 COLLINS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, JORGE E		5.2 NAME	
STREET ADDRESS	15901 COLLINS AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH 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 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: ALINA BORGES 9/1/97 305-461-3059

CR2E037 (9/96)