


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N10887 (0)</b> 1. Corporation Name <b>LA PLAYA DE VARADERO II MOTEL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>15901 COLLINS AVE. N. MIAMI BEACH FL 33160</b>			Mailing Address <b>15901 COLLINS AVE. N. MIAMI BEACH FL 33160</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>08/28/1985</b> 4. FEI Number <b>59-2618445</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>BORGES, ALINA 15901 COLLINS AVE MIAMI BEACH FL 33160</b>			
10. Name and Address of New Registered Agent 81 Name <b>ALINA BORGES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11554 NW 88 AVE</b> 83 84 City <b>HALEAH GARDENS FL</b> 85 Zip <b>33818</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CONDE, EDDY T				
STREET ADDRESS	15901 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ALVAREZ, ZORAIDA				
STREET ADDRESS	15901 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ALVAREZ, VIRGINIA				
STREET ADDRESS	15901 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	CUESTA, JORGE				
STREET ADDRESS	15901 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	CASTRO, JORGE E				
STREET ADDRESS	15901 COLLINS AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<del>PD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<del>ALINA BORGES</del>				
1.3 STREET ADDRESS	<del>11554 NW 88 AVE</del>				
1.4 CITY-ST-ZIP	<del>HALEAH GARDENS FL 33818</del>				
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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]* 4/5/98 305-789-0270

CR2E037 (10/97)