

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90001 020 ****61.25

DOCUMENT # N10887

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2618445

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

9. Name and Address of Current Registered Agent

BORGES, ALINA
11554 NW 88TH AVE
HIALEAH GARDENS FL 33818

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONDE, EDDY T
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33160

DELETE

TITLE VD
NAME ALVAREZ, ZORAIDA
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33160

DELETE

TITLE SD
NAME ALVAREZ, VIRGINIA
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33160

DELETE

TITLE TD
NAME CUESTA, JORGE
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33160

DELETE

TITLE VS
NAME CASTRO, JORGE E
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33160

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RODRIGUEZ, VICENTE
1.3 STREET ADDRESS 15901 COLLINS AVE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

Change Addition

2.1 TITLE VD
2.2 NAME SARUZI, LUIS
2.3 STREET ADDRESS 15901 COLLINS AVE
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

Change Addition

3.1 TITLE SD
3.2 NAME PEREZ, IREANA
3.3 STREET ADDRESS 15901 COLLINS AVE
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

Change Addition

4.1 TITLE TD
4.2 NAME RODRIGUEZ, JOSE
4.3 STREET ADDRESS 15901 COLLINS AVE
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

Change Addition

5.1 TITLE VS
5.2 NAME FERNANDEZ, KEVIN
5.3 STREET ADDRESS 15901 COLLINS AVE
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (11/98)