

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90073 020 ****70.00

DOCUMENT # N11204 OK

1. Corporation Name

RESIDENCIAL EL PRADO CONDO. ASSOC., INC.



Principal Place of Business Mailing Address
Courtesy Property Mgm. Courtesy Property Mgm.
13250 SW 135 Avenue 13250 SW 135 Avenue
Miami, Florida 33186 Miami, Florida 33186

2. Principal Place of Business 21 13250 SW 135 AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 13250 SW 135 AVENUE Suite, Apt. #, etc.	3. Date Incorporated or Qualified September 20, 1985
22 City & State 23 MIAMI, FLORIDA	27 City & State 28 MIAMI, FLORIDA	4. FEI Number 59-2861645
24 Zip 33186	29 Zip 33186	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country DADE	30 Country DADE	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIO A. RODRIGUEZ, P.A.
13903 NW 67 AVENUE, SUITE #450
MIAMI LAKES, FLORIDA 33014

81 Name
JULIO A. RODRIGUEZ, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
13903 NW 67 AVENUE,
83 SUITE #450
84 City
MIAMI
85 Zip Code
FL 33014

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

Julio A. Rodriguez

(NOTE: Registered Agent signature required when reinstating)

3/24/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Martinez, Isidoro
STREET ADDRESS		1.3 STREET ADDRESS	2730 W 61 Place #207
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Figueiras, Luis
STREET ADDRESS		2.3 STREET ADDRESS	2730 W 60 Place #101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Alonso, Ivonne
STREET ADDRESS		3.3 STREET ADDRESS	2740 W 61 Place #104
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Fernandez, Carlos
STREET ADDRESS		4.3 STREET ADDRESS	2745 W 61 Place # 101
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Isidoro S. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

Daytime Phone #

CR2E037 (11/98)