FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N16617 (5)

1. Corporation Name

LA PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business	Mailing Address
C/O SAAID SIDAN POST OFFICE BOX 5144 HIALEAH FL 33014	C/O SAAID SIDAN POST OFFICE BOX 5144 HIALEAH FL 33014

3. Date Incorporated or Qualified: 09/03/1986
3a. Date of Last Report: 01/23/1995

4. FEI Number: 59-2719514 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DE LA CAMARA, ROSA M.
BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PABON, BLANCHE M		1.2 NAME	Alicia Perez	
STREET ADDRESS	17749 COLLINS AVE #624		1.3 STREET ADDRESS	3210 S.W. 4th. Street	
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP	Miami, FL 33135	
TITLE	D	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	ZOILA, TORRES		2.2 NAME	Maritza Boronat	
STREET ADDRESS	4236 SW 134 PLACE		2.3 STREET ADDRESS	1351 N.E. Miami Gardens Dr.#1715E	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	PEREZ, ALICIA		3.2 NAME	Blanche M. Pabon	
STREET ADDRESS	3210 SW 4TH STREET		3.3 STREET ADDRESS	1301 N.E. Miami Gardens Dr.#215W	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BORONAT, MARITZA		4.2 NAME	Maria Morales	
STREET ADDRESS	8020 SW 11TH STREET		4.3 STREET ADDRESS	3590 E 1 Ave	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Hialeah, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MORALES, MARIA		5.2 NAME	Jose Luis Diaz	
STREET ADDRESS	3590 E 1 AVE		5.3 STREET ADDRESS	17749 Collins Ave #517	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	Miami Beach, FL 33160	
TITLE		☐ DELETE	6.1 TITLE	800001781878	☐ Change ☐ Addition
NAME			6.2 NAME	-04/16/96--01035--037	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Alicia Perez 4/10/96 442 2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALICIA PEREZ PRESIDENT