

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22859 (5)

1. Corporation Name

MARBELLA CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business

Mailing Address

9341 COLLINS AVENUE
SURFSIDE FL 33154-2600

9341 COLLINS AVENUE
SURFSIDE FL 33154-2600

3. Date Incorporated or Qualified
10/06/1987

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0131797

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANS, LOURDES
6450 COLLINS AVE #205
MIAMI BCH FL 33141

81 Name **SANS, LOURDES**
82 Street Address (P.O. Box Number is Not Acceptable)
1509 NE 105 STREET
83
84 City **MIAMI SHORES** **FL** 85 Zip Code **33138**

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

Sandra B. Morham

1-17-96

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	P	<input type="checkbox"/> DELETE
NAME	COLON, RAMON	
STREET ADDRESS	9341 COLLINS AVE #907	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, BILL	
STREET ADDRESS	9341 COLLINS AVE #701	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GROSSMAN, LEO	
STREET ADDRESS	9341 COLLINS AVE #1101	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, CARLOS	
STREET ADDRESS	9341 COLLINS AVE #505	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDERON, ISIDORO	
STREET ADDRESS	9341 COLLINS AVE #803	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRANSKY, OTTO	
STREET ADDRESS	9341 COLLINS AVE #1205	
CITY - ST - ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IRENE KITE	
1.3 STREET ADDRESS	9341 Collins Ave # 1202	
1.4 CITY - ST - ZIP	Surfside, FL 33154	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOUIS COHEN	
2.3 STREET ADDRESS	9341 Collins Ave # 1008	
2.4 CITY - ST - ZIP	Surfside, FL 33154	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAFAEL SUAREZ	
3.3 STREET ADDRESS	9341 Collins Ave # 306	
3.4 CITY - ST - ZIP	Surfside, FL 33154	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)