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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22859 (5)
 1. Corporation Name
MARBELLA CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business 9341 COLLINS AVENUE SURFSIDE FL 33154-2600	Mailing Address 9341 COLLINS AVENUE SURFSIDE FL 33154-2624
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/06/1987	3a. Date of Last Report 01/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0131797	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SANS, LOURDES
1509 NE 105 STREET
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81. Name
SANS, LOURDES
 82. Street Address (P.O. Box Number is Not Acceptable)
17094 Collins Ave, A-406
 83. Miami Beach, Florida 33160
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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. Mortham* DATE: **1/16/97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	COLON, RAMON	
STREET ADDRESS	9341 COLLINS AVE #907	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/>
NAME	COHEN, LOUIS	
STREET ADDRESS	9341 COLLINS AVE # 1008	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	GROSSMAN, LEO	
STREET ADDRESS	9341 COLLINS AVE #1101	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	PEREZ, CARLOS	
STREET ADDRESS	9341 COLLINS AVE #505	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CALDERON, ISIDORO	
STREET ADDRESS	9341 COLLINS AVE #803	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SUAREZ, RAFAEL	
STREET ADDRESS	9341 COLLINS AVE # 308	
CITY-ST-ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Rafael Suarez		
1.3 STREET ADDRESS	9341 Collins Ave # 306		
1.4 CITY-ST-ZIP	Surfside, FL 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Ramon Colon		
2.3 STREET ADDRESS	9341 Collins Ave, # 907		
2.4 CITY-ST-ZIP	Surfside, FL 33154	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	William Wilson		
3.3 STREET ADDRESS	9341 Collins Ave, # 701		
3.4 CITY-ST-ZIP	Surfside, FL 33154		
4.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Isidoro Calderon		
4.3 STREET ADDRESS	9341 Collins Ave, # 803		
4.4 CITY-ST-ZIP	Surfside, FL 33154	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Jorge Gonzalez		
5.3 STREET ADDRESS	9341 Collins Ave, # 906		
5.4 CITY-ST-ZIP	Surfside, FL 33154		
6.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Irene Kite		
6.3 STREET ADDRESS	9341 Collins Ave, # 1202		
6.4 CITY-ST-ZIP	Surfside, FL 33154		

14. I do 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: *Cris Hohen*

1-16-97

CR2E037 (9/96)