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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 33154-2800

3. Date Incorporated or Qualified: 10/06/1987
 4. FEI Number: 65-0131797
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SANS, LOURDES
17094 COLLINS AVE.
A-406
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0562 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: *Lourdes Sans* (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	RAFAEL SUAREZ	
STREET ADDRESS	9341 COLLINS AVE #306	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, LOUIS	
STREET ADDRESS	9341 COLLINS AVE # 1008	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAM WILSON	
STREET ADDRESS	9341 COLLINS AVE, #701	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ISIDORO CALDERON	
STREET ADDRESS	9341 COLLINS AVE, #803	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JORGE GONZALEZ	
STREET ADDRESS	9341 COLLINS AVE, #906	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRENE KITE	
STREET ADDRESS	9341 COLLINS AVE, #1202	
CITY-ST-ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. ISIDORO CALDERON
4.3 STREET ADDRESS	9341 COLLINS AVE #803
4.4 CITY-ST-ZIP	SURFSIDE, FL 33154
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V.P. CARLOS PEREZ
5.3 STREET ADDRESS	9341 COLLINS AVE #505
5.4 CITY-ST-ZIP	SURFSIDE, FL 33154
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. FIDEL NAPOLES
6.3 STREET ADDRESS	9341 COLLINS AVE #404
6.4 CITY-ST-ZIP	SURFSIDE, FL 33154

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.

SIGNATURE: *Louis Cohen* (305) 568-5208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 003685

CR2E037 (10/97)