


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90040 032 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22859

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 33154-2600
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/06/1987	4. FEI Number 65-0131797 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: *Lourdes Sans* DATE: 1/7/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: RAFAEL SUAREZ STREET ADDRESS: 9341 COLLINS AVE #306 CITY-ST-ZIP: SURFSIDE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: COHEN, LOUIS STREET ADDRESS: 9341 COLLINS AVE # 1008 CITY-ST-ZIP: SURFSIDE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: WILLIAM WILSON STREET ADDRESS: 9341 COLLINS AVE, #701 CITY-ST-ZIP: SURFSIDE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: ISIDORO CALDERON STREET ADDRESS: 9341 COLLINS AVE, #803 CITY-ST-ZIP: SURFSIDE FL 33154	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: PEREZ, CARLOS STREET ADDRESS: 9341 COLLINS AVE #505 CITY-ST-ZIP: SURFSIDE FL 33154	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: IRENE KITE STREET ADDRESS: 9341 COLLINS AVE, #1202 CITY-ST-ZIP: SURFSIDE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louise Harris* DATE: 1-7-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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