

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norbutt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:44

DOCUMENT # **N30137** (6)

1. Corporation Name
SUBARNO CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O ROLANDO GAYARRE
9550 NW 12TH ST BAY 11
MIAMI FL 33172

3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0154434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
DAVIS, ELDA
201 ALHAMBRA CIRCLE
SUITE 604
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
Uilar Property Mgmt.
305 Alcazar Ave
Coral Gables, FL
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.009, Florida Statutes.
SIGNATURE: *[Signature]* 4-15-95

12. OFFICERS AND DIRECTORS	
TITLE D	FLA. RAUL
NAME	9550 N.W. 12TH ST.
STREET ADDRESS	MIAMI FL
CITY, ST, ZIP	
TITLE PD	GAYARRE, ROLANDO
NAME	9550 NW 12TH STREET
STREET ADDRESS	MIAMI FL
CITY, ST, ZIP	
TITLE SDT	DAVIS, ELDA
NAME	201 ALHAMBRA CIR, 6 FL
STREET ADDRESS	CORAL GABLES FL
CITY, ST, ZIP	
TITLE D	LOPEZ, JOSE
NAME	9550 N.W. 12TH ST.
STREET ADDRESS	MIAMI FL
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BAURCH KRAMMER
13 STREET ADDRESS	1425 LENOX AVE
14 CITY, ST, ZIP	MIAMI BEACH, FL 33143
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GAYARRE, ROLANDO
23 STREET ADDRESS	9550 NW 12th St - Unit 11
24 CITY, ST, ZIP	Miami, Fla.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Lopez, Jose
43 STREET ADDRESS	9550 NW 12th St
44 CITY, ST, ZIP	Miami, Fla
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.032(6)(b), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 of this filing with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95