

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46555 (1)
 1. Corporation Name
PLAZA VILLAS TOWNHOUSES II ASSOCIATION, INC.

**APPROVED
 AND
 FILED**
 95 MAY -1 AM 9:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
% HUGO LOPEZ 997 SW 6TH ST. MIAMI FL 33130		% HUGO LOPEZ 997 SW 6TH ST. MIAMI FL 33130	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/20/1991	08/01/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		65-0307322	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

LOPEZ, HUGO
 997 S.W. 6TH ST.
 MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name HUGO O. LOPEZ
 82 Street Address (P.O. Box Number is Not Acceptable)
997 SW. 6 ST.
 83
 84 City MIAMI FL. FL 85 Zip Code 33130

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 607.0505, Florida Statutes.

SIGNATURE HUGO O. LOPEZ DATE 4/11/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, HUGO
STREET ADDRESS	997 S.W. 6TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	VALDES, SILVIO
STREET ADDRESS	999 S.W. 6TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	VALDES, PILAR
STREET ADDRESS	999 SW 6TY ST.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	LOPEZ, FANNY
STREET ADDRESS	997 SW 6TH STREET
CITY - ST - ZIP	MIAMI FL
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HUGO O. LOPEZ	
13 STREET ADDRESS	997 SW. 6 ST.	
14 CITY - ST - ZIP	MIAMI FLA. 33130	
21 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SILVIO VALDES	
23 STREET ADDRESS	999 SW. 6ST.	
24 CITY - ST - ZIP	MIAMI FLA. 33130	
31 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PILAR VALDES	
33 STREET ADDRESS	999 SW. 6ST.	
34 CITY - ST - ZIP	MIAMI FLA. 33130	
41 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FANNY LOPEZ	
43 STREET ADDRESS	997 SW. 6ST.	
44 CITY - ST - ZIP	MIAMI FLA. 33130	
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 110.07(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: HUGO O. LOPEZ DATE 4/11/95 (305) 324-0379