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NONPROFIT CORPORATION

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS May 30 1997 8:00am Secretary of State

ANNUAL REPORT 1997

DOCUMENT #
1. Corporation Name

N46556

(9)

DI A7A	MILLAC	TOWNHOUSES	MOLTATIONS	INC
FLACA	VILLAG	IUMMUUUSES	MODUCIATION	IIIU.

Principal Plac	e of Business		M	failing Address					
720 S.W. 2ND ST SUITE 12		SU	720 S.W. 2ND ST SUITE 12 MIAMI FL 33130-2333						
MIAMI FL 33130						Mi	3. Date incorporated or Qualified 12/20/1991	3a. Date of Last 03/21/1	
2. Principal Po	lace of Busines:	5	2a 26	. Mailing Address			4. FEI Number NOT APPLICABLE	}	Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 City & State	ο		27	City & State		······································		Fee	Required
23	C		28	City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip		Country	[20]	Zip	Coun	ry	8. This corporation has liability for		
24	25		29		30		Florida Statutes	Yes No	
	9. Name an	d Address of (Current Regis	stered Agent			10. Name and Address of New R	egistered Agent	
					18	1 Name	•		
	GERARDO					2 Street A	et Address (P.O. Box Number is Not Acceptable)		
728 SW MIAMI FI	2ND ST #7				la la	3			
MIMMII FI	L 33 130								
						4 City		FL 85 Zij	Code
		1.0	17 0502 and 6	S17 1509 Florida Ci	atutes, the abo	ve-named	corporation submits this statement for the oration's board of directors. I hereby acceptation's	purpose of changing	its registered
11. Pursuant i office or ri agent. Lai	to the provisions egistered agent m familiar with,	s of Sections 6 , or both, in the and accept the	State of Flori obligations of	ida. Such change v f, Section 617.0503	ras authorized I, Florida Statu	by the corp es.	oration's board of directors. Frieleby acce	pprane appointment a	
SIGNATURE _	rri rarnivar wijn,	вла ассерт те	obligations o	or, Section 617.050:	, Florida Statu	es. 			
SIGNATURE _	to the provisions egistered agent m familiar with, Signature, typed or p	arid accept the	obligations o	of, Section 617.0503 e if applicable	, Florida Statu	es. 	equired when reinstating)	DATE	
SIGNATURE _	rri rarnivar wijn,	arid accept the	ered agent and title	of, Section 617.0503 e if applicable	(NOTE: Registered	es. gent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed or p PD ROJAS, GE	orinted name of regist OFFICER	ered agent and title	of, Section 617.0503 e If applicable CTORS	(NOTE: Registered /	es. gent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTO	ORS IN 12
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am an officer or director of the corporation or the receiver or trusted 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.