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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47996** (6)

1. Corporation Name

VALENCIA CONDOMINIUM INC.



Principal Place of Business 299 ALHAMBRA CIRCLE 207 CORAL GABLES FL 33134 US	Mailing Address 299 ALHAMBRA CIRCLE 207 CORAL GABLES FL 33134-5116 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>2151 Le June Rd</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>305</i>
City & State 23	City & State 28 <i>Coral Gables</i>
Zip 24	Zip 29 <i>33134</i>
Country 25	Country 30 <i>USA</i>

3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 06/21/1996
4. FEI Number 65-0320276	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAUL AGULERA 299 ALHAMBRA CIR STE 203 CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent 81 Name <i>Raul Agulera</i> 82 Street Address (P.O. Box Numbers Not Acceptable) <i>2151 Le June Rd</i> 83 <i>305</i> 84 City <i>Coral Gables</i> FL 85 Zip Code <i>33134</i>	
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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 *[Signature]* DATE **4/24/97**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENARDO KRODRIGUEZ 2582 W 56 STR, APT 201 HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NERNALDO GUN, 2582 W. 56ST 206 HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALINA PERALTA, 2582 W 56ST 204 HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E037 (9/96)