

FILE NOW: FILING FEE IS \$61.25

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**Jun 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001654 (2)
 1. Corporation Name
CORAL BREEZE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
9360 SUNSET DRIVE STE. 291 MIAMI FL 33173		9360 SUNSET DRIVE STE. 291 MIAMI FL 33173	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	03/31/1994	
4. FEI Number	65-0516335	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GIL, JULIA
9360 SUNSET DRIVE
STE. 291
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	MOHAMAD SONNY SALLEH		
82 Street Address (P.O. Box Number is Not Acceptable)	2370 SW 123 AVE		
83			
84 City	MIAMI	FL	85 Zip Code 33175

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: 5/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GIL, AUGUST J
STREET ADDRESS	9360 SUNSET DRIVE
CITY-ST-ZIP	MIAMI FL 33173
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PINO, SERGIO
STREET ADDRESS	901 SW 69TH AVENUE
CITY-ST-ZIP	MIAMI FL 33144
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GIL, ALEJANDRO
STREET ADDRESS	9360 SUNSET DR. #291
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOHAMAD SONNY SALLEH
1.3 STREET ADDRESS	2370 SW 123 AVE
1.4 CITY-ST-ZIP	MIAMI FL 33175
2.1 TITLE	SECRETARY-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HILDA MONTES
2.3 STREET ADDRESS	2410 SW 123 AVE
2.4 CITY-ST-ZIP	MIAMI FL 33175
3.1 TITLE	TREASURER-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JULIA GIL
3.3 STREET ADDRESS	2470 SW 123 AVE
3.4 CITY-ST-ZIP	MIAMI FL 33175
4.1 TITLE	VICE-PRESIDENT- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BIAS GARCIA
4.3 STREET ADDRESS	2050 SW 123 AVE
4.4 CITY-ST-ZIP	MIAMI FL 33175
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAMON A SUBERVI
5.3 STREET ADDRESS	2330 SW 123 AVE
5.4 CITY-ST-ZIP	MIAMI FL 33175
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: 5/11/98 (905) 598-4002

CR2E037 (10/97)