


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002405 (8)**

1. Corporation Name  
**COCO IBIZA VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 3099 OAK AVE MIAMI FL 33133  
Mailing Address: 3099 OAK AVE MIAMI FL 33133

3. Date Incorporated or Qualified: 05/12/1994  
4. FEI Number: 65-0599456

2. Principal Place of Business: 21 3356 BIRD AVE, 22 Suite # 3, 23 MIAMI FL, 24 33133, 25 USA  
2a. Mailing Address: 26 3356 BIRD AVE, 27 Suite # 3, 28 MIAMI FL, 29 33133, 30 DADE

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
CHABLI, ADI  
3099 OAK AVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name: MARGO TARAFI  
82 Street Address: 5135 NW 193 TER  
84 City: MIAMI FL, 85 Zip Code: 33055

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]* **president** DATE: 1-20-98

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MATHIEU, JOSEPH JR	
STREET ADDRESS	3099 OAK AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	CHABLI, ADI	
STREET ADDRESS	3099 OAK AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GELL, DAVID	
STREET ADDRESS	3099 OAK AVE	
CITY-ST-ZIP	MIAMI FL 33133	
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELIZABETH MOLINA	
1.3 STREET ADDRESS	3356 BIRD AVE # 12	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: 1-20-98 (205) 443 1801

CR2E037 (10/97)