

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90262 020 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002405

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

Principal Place of Business
3356 BIRD AVE
3
MIAMI FL 33133
US

Mailing Address
3356 BIRD AVE
3
MIAMI FL 33133
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3356 Bird Ave	26 3356 Bird Ave	05/12/1994
22 Suite, Apt. #, etc. 14	27 Suite, Apt. #, etc. 14	4. FEI Number 65-0599456
23 City & State Miami FL	28 City & State Miami FL	Applied For Not Applicable
24 Zip 33133	29 Zip 33133	5. Certificate of Status Desired <input type="checkbox"/>
25 Country USA	30 Country USA	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
TARAF, MARGO 5135 NW 193 TERR MAIMI FL 33055		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TARAF, MARGO 5135 NW 193 TERR MAIMI FL 33055		81 Name EVE BARYS	85 Zip Code 33133
		82 Street Address (P.O. Box Number is Not Acceptable) 3356 Bird Ave #14	
		83 #14	
		84 City Miami FL	

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 *Eve Barys* Treasurer DATE 3/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MATHIEU, JOSEPH JR		1.2 NAME EVE Barys	
STREET ADDRESS 3099 OAK AVE		1.3 STREET ADDRESS 3356 Bird Ave #14	
CITY-ST-ZIP MIAMI FL 33133		1.4 CITY-ST-ZIP Miami, FL 33133	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLINO, ELIZABETH		2.2 NAME Elizabeth Molino	
STREET ADDRESS 3356 BIRD AVE, #12		2.3 STREET ADDRESS 3356 Bird Ave #12	
CITY-ST-ZIP MIAMI FL 33133		2.4 CITY-ST-ZIP Miami, FL 33133	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GELL, DAVID		3.2 NAME Beatrice Baptiste	
STREET ADDRESS 3099 OAK AVE		3.3 STREET ADDRESS 3356 Bird Ave #2	
CITY-ST-ZIP MIAMI FL 33133		3.4 CITY-ST-ZIP Miami FL 33133	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 3-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)