

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 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 # N94000003202 (8)
 1. Corporation Name
SANS SOUCI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
11915 NE 19TH DR % MANAGEMENT OFFICE N MIAMI FL 33181 US		11915 NE 19TH DR % MANAGEMENT OFFICE N MIAMI FL 33181 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 06/23/1994	
4. FEI Number 65-0510327	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	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KAYE & ROGER P.A.
6261 NW 6TH WAY
SFE #103
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	VILLARREAL, HENRY		
11915 NE 19TH DR			
N MIAMI FL			
VPD	SAMPEDRO, LOURDES	VPD	SAMPEDRO LOURDES.
11915 NE 19TH DR		11915 NE 19TH DR	
N MIAMI FL		NORTH NIA FLA 33181	
SD	RAMOS, MARY F		
11915 NE 19TH DR			
N MIAMI FL			
PMT	CABAL, JULIO		
11915 NE 19TH DR			
N MIAMI FL			

1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 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: *Julio Cabal* JULIO CABAL (PMT) 2/11/98 (305) 895 0255.

CFR2037 (10/97)