

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

APPROVED  
AND  
FILED

96 MAY -1 AM 4:09

DOCUMENT # **N95000000863 (9)**

1. Corporation Name

**ST. LOUIS CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**601 BRICKELL KEY DRIVE  
SUITE 3  
MIAMI FL 33131**

Mailing Address  
**601 BRICKELL KEY DRIVE  
SUITE 3  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**02/22/1995**

3a. Date of Last Report

2. Principal Place of Business  
21 **do THE CONTINENTAL GROUP**  
Suite, Apt. #, etc.

22 **12079 SW 131ST AVENUE**  
City & State  
**MIAMI, FL**

23 **MIAMI, FL**  
Zip  
**33186**

24 **33186**

25 **DADE**

26 **do THE CONTINENTAL GROUP**  
Suite, Apt. #, etc.

27 **12079 SW 131ST AVE**  
City & State  
**MIAMI, FL**

28 **MIAMI, FL**  
Zip  
**33186**

29 **33186**

30 **DADE**

4. FEI Number  
**65-0558472**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABER, ROBERT M P.A.  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **100001816771**

84 City **-05/10/96--01053--015**  
**\*\*\*\*\*61.25 FL \*\*\*\*\*61.25**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD LLANES, JOSE L**

STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE E**

CITY - ST - ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME **VD BANNATYNE, JUAN P**

STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE E**

CITY - ST - ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME **STD AVILA, EDUARDO**

STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE E**

CITY - ST - ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

*(Handwritten signature and date)*  
3/29/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Handwritten signature)*  
**EDUARDO AVILA**

3/29/96

Daytime Phone #

CR2E037 (12/95)