## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT,

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

## Bandra B, Mortham

Secretary of State \*
DIVISION OF CORPORATIONS

DOCUMENT # N9500000863 (9)

ST. LOUIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address % THE CONTINENTAL GROUP % THE CONTINENTAL GROUP 12079 SW 131ST AVENUE 12079 SW 131ST AVENUE MIAMI FL 33186 MIAMI FL 33186-6475 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0558472 26 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 26 Trust Fund Contribution Added to Fees 23 Country Zıp Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 HABER, ROBERT M P.A. 82 520 BRICKELL KEY DRIVE 83 **SUITE 0-305 MIAMI FL 33131** 84 Zip Code 33/30 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) agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 12. OFFICERS AND DIRECTORS 13. 1.1 (TLE PD DELETE PRESIDENT/DIRECTOR Addition TITLE LLANES, JOSE L HUGO DORTA 12 NAME NAME CLAUGHTON ISLAND BRIVE 601 BRICKELL KEY DRIVE, SUITE E STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY DELETE 2.1 TULEV D Addition TIFLE VICE PASSIDENT/Director PAULO CORLUA BANNATYNE, JUAN P 2.2 NAME NAME 800 CLAUGHEN ISLAND DRING 601 BRICKELL KEY DRIVE, SUITE E 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-S1-ZIP DELETE Change Addition MAGNEER/ Director TITLE FRANK MC688 NAME AVILA, EDUARDO 3.2 NAME 601 BRICKELL KEY DRIVE, SUITE E BOO CLANHTON STREET ADDRESS 3.3 STREET ADDRESS SSAAM DRIVE BOT 401 MIAMI FL 33131 3.4. CITY-ST-ZIP 3312/ CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-SI-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

Date

Daytime Phone # 0028046

14. I do 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 control 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 reserver or fluster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

REOURED

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR