


FILE NOW: FILING FEE IS \$01.20

FILED
Jun 23 1997 8:00am
Secretary of State

9
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

NONPROFIT CORPORATION - ANNUAL REPORT 1997



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

DOCUMENT # N9500000863
1. Corporation Name
ST. LOUIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% THE CONTINENTAL GROUP
17079 SW 131ST AVENUE
MIAMI FL 33186

2. Principal Place of Business 2a. Mailing Address
21 800 CLAUGHTON ISLAND DR. 26 800 CLAUGHTON ISLAND DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 MIAMI FLORIDA 28 MIAMI FLORIDA
24 33181 25 DADE 29 33131 30 DADE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/22/1995 05/01/97

4. FEI Number Applied For
65-0558472 Not Applicable

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
HYMAN & KAPLAN
150 W FLAGLER ST
SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	DORTA, HUGO APT 2205
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE
NAME	CORREA, PAULO APT 1402
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> DELETE
NAME	MC GEE, FRANK
STREET ADDRESS	800 CLAUGHTON ISLAND DR APT 401
CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	AULA, CARLOS
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE
CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	ACOSTA, JESUS R
STREET ADDRESS	233 VELARDE AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002218172-9
1.3 STREET ADDRESS	-06/20/97-01039-014
1.4 CITY-ST-ZIP	*****61.25 *****61.25
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 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 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, in an attachment with an address.

SIGNATURE: _____ DATE: 6/17/1997 DAYTIME PHONE #: 305-377-8250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)