


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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000863 (9)**  
 1. Corporation Name  
**ST. LOUIS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>800 CLAUGHTON ISLAND DR. MIAMI FL 33131</b>	Mailing Address <b>800 CLAUGHTON ISLAND DR. MIAMI FL 33131</b>
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3. Date Incorporated or Qualified <b>02/22/1995</b>	
4. FEI Number <b>65-0558472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DORTA, HUGO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 CLAUGHTON ISLAND DR APT 2203	1.2 NAME	
STREET ADDRESS	MIAMI FL 33131	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CORREA, PAULO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 CLAUGHTON ISLAND DR APT 1402	2.2 NAME	
STREET ADDRESS	MIAMI FL 33131	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MCGEE, FRANK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 CLAUGHTON ISLAND DR APT 401	3.2 NAME	
STREET ADDRESS	MIAMI FL 33131	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD AUIZA, CARLOS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	800 CLAUGHTON ISLAND DR	4.2 NAME	
STREET ADDRESS	MIAMI FL 33131	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD ACOSTA, JESUS R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	233 VELARDE AVE.	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

TREASURER  
**DONALD HUDSON**  
**800 CLAUGHTON ISLAND DR, #402**  
**MIAMI FL 33131**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **1-27-98 395 377.82.50**

CR2E037 (10/97)