SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 13 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003023

1. Corporation Name
PUERTO BELLO CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11030 N. KENDALL DRIVE SUITE 100 MIAMI FL 33176	% J.R. GONZALEZ & ASSOC. 2160 S.W. 137 PLACE MIAMI FL 33175

3|31|99 90012 035 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/07/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0683635 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARRONDO, MAYRA 11030 N. KENDALL DR. SUITE 100 MIAMI FL 33176	81 Name: Jesus R. Gonzalez 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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	P D	☑ Change ☐ Addition
NAME	PARRONDO, MAYRA		1.2 NAME	MARIO L. OLIVERAS	
STREET ADDRESS	11030 N. KENDAL DR. SUITE 100		1.3 STREET ADDRESS	12454 NW 11 LANE. UNIT 2012	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami, FL. 33182	
TITLE	SD	☑ DELETE	2.1 TITLE	S D	☑ Change ☐ Addition
NAME	AVILA, RIGOBERTO		2.2 NAME	Aetjno Rodriguez	
STREET ADDRESS	11030 N. KENDAL DR. SUITE 100		2.3 STREET ADDRESS	12412 N.W. 11 LANE. UNIT 2107	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	Miami, FL. 33182	
TITLE	TD	☑ DELETE	3.1 TITLE	T D	☑ Change ☐ Addition
NAME	GONZALEZ, EVELYN		3.2 NAME	Domingo Reyes	
STREET ADDRESS	11030 N. KENDAL DR. SUITE 100		3.3 STREET ADDRESS	12406 NW 11 LANE. UNIT 2104	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Miami, FL. 33182	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	Guillermo Blas	
STREET ADDRESS			4.3 STREET ADDRESS	12418 NW 11 LANE. UNIT 1908	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami. FL. 33182	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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, with all other like empowered.

SIGNATURE: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)