


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90042 033 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003912**

1. Corporation Name  
**VISTA ALEGRE TOWNHOMES VILLAS STAGE I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business LEONARD BRITO, ESQ 8005 N.W. 155TH ST MIAMI FL 33016 US	Mailing Address 2160 SW 137 PL 8005 N.W. 155TH ST MIAMI FL 33865 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 07/26/1996	4. FEI Number 65-0718057 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**DORTA, GONZALO R ESQ.**  
**1401 BRICKELL AVE.**  
**SUITE 650**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Jesus R. Gonzalez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2160 SW 137 Place**  
 84 City **Miami FL** 85 Zip Code **33175**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELLON, LEO	
STREET ADDRESS	% 11020 S.W. 88TH ST. SUITE 200	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SVTD	<input checked="" type="checkbox"/> DELETE
NAME	VALDES, JACQUELINE H	
STREET ADDRESS	1401 BRICKELL AVE. SUITE 650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DORTA, GONZALO R	
STREET ADDRESS	1401 BRICKELL AVE. SUITE 650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Enrique Sanchez	
1.3 STREET ADDRESS	15306 SW 134 Place	
1.4 CITY-ST-ZIP	Miami, FL 33177	
2.1 TITLE	T-S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mitchel A. Bubb	
2.3 STREET ADDRESS	15250 SW 134 Place	
2.4 CITY-ST-ZIP	Miami FL 33177	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ramon Felix	
3.3 STREET ADDRESS	15279 SW 134 Ct.	
3.4 CITY-ST-ZIP	Miami FL 33177	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Antonio Perez	
4.3 STREET ADDRESS	15279 SW 134 Ct.	
4.4 CITY-ST-ZIP	Miami FL 33177	
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 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: M. J. Gonzalez **SIGNATURE REQUIRED** 3/24/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

003444

CR2E037 (1/198)