FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 NOV 15 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

DOCUMENT # N97000000631

1. Corporation Name
VALENCIA VILLAS CONDOMINIUM, ASSOCIATION, INC.

Principal Place of Business
17250 NE 19th Ave.
North Miami Beach, Fl.
33162

Mailing Address
17250 NE 19th Ave,
North Miami Beach, Fl.
33162

2. Principal Place of Business	2a. Mailing Address	
21 17250 NE 19th AVe.	26 ~~17250 NE 19th Ave.~~	3. Date Incorporated or Qualified: 1997
22 Suite, Apt #, etc	27 Suite, Apt. #, etc.	4. FEI Number: 65-0939566 ☐ Applied For ☐ Not Applicable
23 City & State: North Miami Beach	28 City & State: ~~North Miami Beach~~	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 33162 25 Country: Dade	29 Zip: 33162 30 Country: Dade	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MJB MANAGEMENT SERVICES, INC.
17250 NE 19th Ave.
North Miami Beach, Fl. 33162

10. Name and Address of New Registered Agent

81 Name: ~~MJB MANAGEMENT SERVICES, INC.~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~17250 NE 19th Ave~~
83 NORTH MIAMI Beach, Fl.
84 City FL 85 Zip Code 33162

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 ________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Jaime, Camilo 15476 NW 77th Ct. Miami Lakes, Fl. 33016 ☐ XXXXXXXX	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP PAIPILLA, ALEJANDRA 3286 West 70th St. # 202 ~~Hialeah,Gardens, Fl. 33018~~ ☐ Change XXXXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE XXXXXXXXX DVP Robles, Jesus 15476 NW 77th Ct. Miami Lakes, Fl. 33016	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DT Cueto, Oscar 3258 West 70th St. # 201 Hialeah,Gardens, Fl. 33018 ☐ Change ☐ Addition XXXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE XXXXXXXX DS Guerra, Armando 15476 NW 77th Ct. Miami Lakes, Fl. 33016	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS Hernadez, Raul 3282 West 70th St. # 201 Hialeah,Gardens, Fl. 33018 ☐ Change ☐ Addition XXXXXXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXXXXXXXXX DT Herran, Agustin 14376 NW 77th Ct. Miami Lakes, Fl. 33016	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DD Echiverria, Bernardo 3280 West 70th St. # 201 Hialeah,Gardens, Fl. 33018 ☐ Change ☐ Addition XXXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DD Padron, Raymond 3274 West 70th St. # 202 Hialeah Gardens, Fl. 33018 ☐ Change ☐ Addition XXXXXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DD Valdez, David R. 3262 West 70th St. # 201 Hialeah Gardens, Fl. 33018 ☐ Change ☐ Addition XXXXXXXX

CR2E037 (11/98)

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: Armando Guerra — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   10/27/99 Date   305- 940-8795 Daytime Phone #