


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90285 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001391

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

Principal Place of Business 1401 BRICKELL AVE. SUITE 650 MIAMI FL 33131	Mailing Address 2160 SW 137 PLACE SUITE 650 MIAMI FL 33175 US
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2. Principal Place of Business 21 2160 SW 137 PL. Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip Country 24 33175 25 Fla.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 03/13/1997	4. FEI Number 65-0744909 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 ESO. 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) 2160 SW 137 Place 83 84 City Miami FL 85 Zip Code 33175
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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 Jesus R. Gonzalez (AM) DATE 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BELLON, LEO	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1401 BRICKELL AVE.	CITY-ST-ZIP MIAMI FL 33131	1.2 NAME Andres Rodriguez	
		1.3 STREET ADDRESS 15490 SW 134 Place # 511	
		1.4 CITY-ST-ZIP Miami, FL 33179	
TITLE VPST	NAME DELLON, LEO	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1401 BRICKELL AVE.	CITY-ST-ZIP MIAMI FL 33131	2.2 NAME Morala Duarte	
		2.3 STREET ADDRESS 13404 SW 153 Terrace # 2002	
		2.4 CITY-ST-ZIP Miami, FL 33179	
TITLE D	NAME DELLON, LEO	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1401 BRICKELL AVE.	CITY-ST-ZIP MIAMI FL 33131	3.2 NAME Amavry E. Ramos	
		3.3 STREET ADDRESS 13446 SW 153 Terrace # 2101	
		3.4 CITY-ST-ZIP Miami, FL 33179	
TITLE ASD	NAME DORTA, GONZALO R ESO.	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1401 BRICKELL AVE.	CITY-ST-ZIP MIAMI FL 33131	4.2 NAME Henry J. Brevd Jr.	
		4.3 STREET ADDRESS 14435 SW 139 Ct.	
		4.4 CITY-ST-ZIP Miami, FL 33186	
TITLE	NAME	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME Amavry Preto	
		5.3 STREET ADDRESS 13446 SW 153 Terr. # 2106	
		5.4 CITY-ST-ZIP Miami, FL 33179	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 under Section 119.07(3)(b), 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 117, 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: _____ SIGNATURE REQUIRED _____

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