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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006085 (1)

1. Corporation Name

VILLA LUISA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

717 PONCE DE LEON BLVD. SUITE 234  
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD. SUITE 234  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

65 081 9867

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FABRE, FRANK R.S.  
717 PONCE DE LEON BLVD, SUITE 234  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME LLAURADO, ZADIE  
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR  
CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME ROBLES, IVAN  
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR  
CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME ROBLES, WINSTON  
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR  
CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS  
NAME FABRE, FRANK R.S.  
STREET ADDRESS 717 PONCE DE LEON BLVD, SUITE 234  
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE:

Frank R.S. Fabre

3/25/98

305 446-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026999

CR2E037 (10/97)