

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 041 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000006085

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 |
|---|---|



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|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 10/28/1997 | 4. FEI Number 65-0819867 | 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 | | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

| | |
|----------------|---|
| TITLE | PSD |
| NAME | LLAURADO, ZADIE |
| STREET ADDRESS | CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR |
| CITY-ST-ZIP | PANAMA, REPUBLIC OF PANAMA |
| TITLE | VD |
| NAME | ROBLES, IVAN |
| STREET ADDRESS | CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR |
| CITY-ST-ZIP | PANAMA, REPUBLIC OF PANAMA |
| TITLE | TD |
| NAME | ROBLES, WINSTON |
| STREET ADDRESS | CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR |
| CITY-ST-ZIP | PANAMA, REPUBLIC OF PANAMA |
| TITLE | AS |
| NAME | FABRE, FRANK R.S. |
| STREET ADDRESS | 717 PONCE DE LEON BLVD, SUITE 234 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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: **SIGNATURE REQUIRED** Frank R.S. Fabre, AS 4/16/99 305 446-3266

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

0027779

CR2E037 (1/1/98)