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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ANNOUNCED

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 21 PM 2:31

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



2. Principal Place of Business 21 1111 Kane Concourse Suite, Apt. #, etc. 22 504 City & State 23 BAY HARBOR FL Zip 24 33154	2a. Mailing Address 26 1111 Kane Concourse Suite, Apt. #, etc. 27 504 City & State 28 BAY HARBOR FL Zip 29 33154	3. Date Incorporated or Qualified 10/28/1997	4. FEI Number 65-0819867	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 LUZMARY NUÑEZ
82 Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE SUITE 504
83
84 City BAY HARBOR FL 85 Zip Code 33154

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]* LUZMARY NUÑEZ 10/13/99
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 <input checked="" type="checkbox"/> DELETE	NAME LLAUARADO, ZADIE	1.1 TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MARIANA N. HERRERA
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR	CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA	1.2 NAME	6175 NW 20 AVE APT 114
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME ROBLES, IVAN	1.3 STREET ADDRESS	HIALQAH FL. 33012
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR	CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA	1.4 CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME ROBLES, WINSTON	2.1 TITLE VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Will Rowolf
STREET ADDRESS CALLE 50 EDIFICIO BANCOMER - 19TH FLOOR	CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA	2.2 NAME	6175 W 20TH AVE APT 113
TITLE AS <input checked="" type="checkbox"/> DELETE	NAME FABRE, FRANK R.S.	2.3 STREET ADDRESS	HIALQAH FL. 33012
STREET ADDRESS 717 PONCE DE LEON BLVD, SUITE 234	CITY-ST-ZIP CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jorge Picos
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	6175 W 20TH AVE APT 309
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	HIALQAH FL. 33012
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	600003033206--2
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	-11/02/99-01104--025
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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]* MARIANA N. HERRERA 10/13/99 (305) 868718

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CR2E037 (1/7/98)