

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P36476 (0)

1. Corporation Name:
INMOBILIARIA COSTA BELLA, S.A., INC.

Principal Place of Business: **700 BILTMORE WAY CORAL GABLES FL 33134**

Mailing Address: **700 BILTMORE WAY CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-24): **700 BILTMORE WAY CORAL GABLES FL 33134**

2a. Mailing Address (25-28): **700 BILTMORE WAY CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **11/27/1991**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0300331**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ALVAREZ, GASTON R, ESQ.
1313 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85):
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	TESTI, JUAN BAUTISTA C.
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	VELASCO, PEDRO LUIS
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	SD
NAME	BLANCH, JOSE MARIA A.
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	TD
NAME	AYESTARAN, JOSE MARIA B.
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ATD
NAME	GANDARIAS, ENRIQUE G.
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ASD
NAME	ROBERTS, TOMAS JUAN
STREET ADDRESS	700 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES FL

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 do hereby certify that the information furnished on this filing is voluntarily furnished and does not qualify for the exemption stated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and Title of Officer or Director)

[Handwritten Signature] **RESIDENT** **2/21/95** **305-445-7821**