


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90078 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000001085

1. Corporation Name
VARADERO II BEACH MOTEL, INC.

Principal Place of Business 15901 COLLINS AVENUE MIAMI BEACH FL 33160	Mailing Address 15901 COLLINS AVENUE MIAMI BEACH FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/06/1998	4. FEI Number 0811020	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	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DE LA CAMARA, ROSA M ESQ
5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BORGES, ALINA	
STREET ADDRESS	11554 NW 88TH AVENUE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALVAREZ, VIRGINIA	
STREET ADDRESS	10291 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, VICENTE	
STREET ADDRESS	15901 COLLINS AVENUE UNIT 223	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRITO, MARTHA	
STREET ADDRESS	4120 SW 125TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DR. RODRIGUEZ VICENTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	15901 COLLINS AVE UNIT 223
1.3 STREET ADDRESS	SUNNY ISLES FL 33160
1.4 CITY-ST-ZIP	
2.1 TITLE	DV. ZAENST LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	16533 MIAMI LAKWAY NORTH
2.3 STREET ADDRESS	MIAMI FL 33014
2.4 CITY-ST-ZIP	
3.1 TITLE	DT. JOSE RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	19009 NORTH WEST 64 COURT.
3.3 STREET ADDRESS	MIAMI FL 33015
3.4 CITY-ST-ZIP	
4.1 TITLE	D.S. ILEANA PERE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	15901 COLLINS AVE UNIT #B12
4.3 STREET ADDRESS	SUNNY ISLES FL 33160
4.4 CITY-ST-ZIP	
5.1 TITLE	DR. KEVIN BERNANDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V.S. 10054 SOUTH WEST 222 ST.
5.3 STREET ADDRESS	MIAMI FL 33190
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 607, 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: _____ DATE: **2/11/99** DAYTIME PHONE # _____