

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001085
1. Corporation Name

VARADERO II BEACH MOTEL, INC.

Principal Place of Business Mailing Address
15901 Collins Avenue
Sunny Isles Beach, FL 33160 SAME

Amended AR

| | | |
|---|--|---|
| 2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc. | 2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 1/16/1998 |
| 22 City & State | 27 City & State | 4. FEI Number 65-0811020 Applied For Not Applicable |
| 23 Zip 25 Country | 28 Zip 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 30 | 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

ROSA DE LA CAMARA, ESQ.
5201 Blue Lagoon Drive, Suite 100
Miami, FL 33126

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name - SAME - |
| 82 Street Address (P.O. Box Number is Not Acceptable) 600003055406-7 |
| 83 12/02/99-01087-018 ****61.25 ****61.25 |
| 84 City FL 85 Zip Code 25 |

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 *Rosa de la Camara, Esq.* *Dr. Becker & Poliakoff* 11/3/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RODRIGUEZ, VICENTE 15901 Collins Avenue Miami Beach, FL 33160 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD CONDE, EDDY 15901 Collins Avenue Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAVENET, LEWIS 15901 Collins Avenue Miami Beach, FL 33160 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VD SANTANA, LUIS 15901 Collins Avenue Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PERE, ILEANA 15901 Collins Avenue Miami Beach, FL 33160 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | SD ALVAREZ, VIRGINIA 15901 Collins Avenue Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BERNANDEZ, KEVIN 15901 Collins Avenue Miami Beach, FL 33160 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TD CUESTA, JORGE 15901 Collins Avenue Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | VT VALDES, IDA 15901 Collins Avenue Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | LS LS <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Edy Conde* EDDY CONDE (PRESIDENT) NOV. 14-1999 305 947-5121
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR0207 (1/1/99)