

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

MAY -1 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **739698** (9)  
**COSTA BELLA ASSOCIATION, INC.**

1. Name of Applicant		2a. Mailing Address		3. Date of Application (or Amended)		3a. Date of Last Report	
1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612		1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612		06/29/1984		05/01/1994	
2. State of Incorporation		2a. Mailing Address		4. Fed. ID Number		Approved For	
21. State of Inc. # of		26. State of Inc. # of		59-1754406		Not Applicable	
22. City, State		27. City, State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. State		28. State		6. Exempt from payment of		\$5.00 May Be Added to Fees	
24. State		29. State		7. Nonprofit with 501(c)(3) or 501(c)(29) Exempt Status		\$68.75 Supplemental Fee Not Required	
25. State		30. State		8. This corporation has liability for enterprise tax under 5-100(0.5) Florida Statutes		[ ] Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE LA TORRE, HELIO 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Number, Not Applicable)			
				83. City, State			
				84. ZIP			
				FL 85. Zip Code			

11. If applicant is the proprietor, partner, officer, director, or trustee of a corporation, partnership, or other unincorporated firm, the name of such corporation, partnership, or other unincorporated firm, and the name and address of the registered agent of such corporation, partnership, or other unincorporated firm, shall be stated on this document for the purpose of changing its registered agent. Similar information shall be stated if the corporation, partnership, or other unincorporated firm is a foreign corporation, partnership, or other unincorporated firm.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
CD NAME: CHALAKANI, JOHN 1450 SE BAYSHORE DRIVE #604 MIAMI, FL 33131 0	CD NAME: [ ] Change [ ] Add/Remove
VP NAME: BARCELO, GLADYS 1450 SE BAYSHORE DRIVE #1207 MIAMI, FL 33131 0	VP NAME: [ ] Change [ ] Add/Remove
SD NAME: DORIOL, GERARD 1450 SE BAYSHORE DRIVE #1811 MIAMI, FL 33131 0	SD NAME: [ ] Change [ ] Add/Remove
D NAME: HAKSPIEL, MAURICE 1450 SE BAYSHORE DRIVE #910 MIAMI FL	D NAME: [ ] Change [ ] Add/Remove
NAME: [ ] Change [ ] Add/Remove	NAME: [ ] Change [ ] Add/Remove
NAME: [ ] Change [ ] Add/Remove	NAME: [ ] Change [ ] Add/Remove
NAME: [ ] Change [ ] Add/Remove	NAME: [ ] Change [ ] Add/Remove
NAME: [ ] Change [ ] Add/Remove	NAME: [ ] Change [ ] Add/Remove

14. I hereby certify that the information reported with this filing is accurate, complete, and true to the best of my knowledge and belief, and that the information is true and correct, and that my signature shall be on this same report office use of such signature shall be an official record of the corporation or the partnership, partnership, or other unincorporated firm, and that my name appears in Block 13 of this document on an official record with an address.

SIGNATURE: *John Chalakani* JOHN CHALAKANI, President 4/29/95 305-373 3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR