

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739698 (9)

1. Corporation Name
COSTA BELLA ASSOCIATION, INC.

Need update this as to Board 701 ERN



Principal Place of Business: 1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612
Mailing Address: 1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612

3. Date Incorporated or Qualified: 06/29/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1754406
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DE LA TORRE, HELIO
201 ALHAMBRA CIRCLE
SUITE 1102
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
85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALAKANI, JOHN	1.2 NAME	
STREET ADDRESS	1450 SE BAYSHORE DRIVE #604	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131 0	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCELO, GLADYS	2.2 NAME	
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1207	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131 0	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIOL, GERARD	3.2 NAME	
STREET ADDRESS	1450 SE BAYSHORE DRIVE #1811	3.3 STREET ADDRESS	SD SHORE, PHILIP
CITY - ST - ZIP	MIAMI, FL 33131 0	3.4 CITY - ST - ZIP	1450 S.E. BAYSHORE DR. #1815 MIAMI, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAKSPIEL, MAURICE	4.2 NAME	
STREET ADDRESS	1450 SE BAYSHORE DRIVE #910	4.3 STREET ADDRESS	JOAQUIN PEREZ
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	1450 S.E. BAYSHORE DRIVE #1814 MIAMI, FL. 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	T ALVARO ARGUELLO
CITY - ST - ZIP		5.4 CITY - ST - ZIP	1450 SE Bayshore Drive # 1812 MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ely A. Ruiz Ramos - Ely A. Ruiz Ramos Date: 2/21/96 Daytime Phone #: 373-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
General Bd. Manager

CR2E037 (12/95)