


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739698 (9)**

1. Corporation Name  
**COSTA BELLA ASSOCIATION, INC.**



Principal Place of Business <b>1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612</b>	Mailing Address <b>1450 S. BAYSHORE DRIVE MIAMI FL 33131-3612</b>
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3. Date incorporated or Qualified  
**06/29/1984**

4. FEI Number <b>59-1754406</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 <b>DS</b>	<b>MERCEDES, BUSTO</b>	1.1 TITLE <b>D</b>	<b>Caballero, Gloria</b>
NAME		1.2 NAME	
STREET ADDRESS <b>1450 SE BAYSHORE #2007</b>		1.3 STREET ADDRESS <b>1450 BRICKEL BAY DR. #1107</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131 0</b>		1.4 CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>VP</b>	<b>HERRAN, JOSE UUSES</b>	2.1 TITLE <b>T</b>	<b>EARL, Brenda L</b>
NAME		2.2 NAME	
STREET ADDRESS <b>1450 SE BAYSHORE DR., #1210</b>		2.3 STREET ADDRESS <b>1450 BRICKEL BAY DR #1212</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131 0</b>		2.4 CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>D</b>	<b>JAFFE, RITA LINDA</b>	3.1 TITLE <b>DS</b>	<b>Rios, Dora Y</b>
NAME		3.2 NAME	
STREET ADDRESS <b>1450 SE BAYSHORE DR., #505</b>		3.3 STREET ADDRESS <b>1450 BRICKEL BAY DR TR 2002</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>T</b>	<b>PEREZ, JOAQUIN</b>	4.1 TITLE <b>DP</b>	<b>Perez, Joaquin</b>
NAME		4.2 NAME	
STREET ADDRESS <b>1450 SE BAYSHORE DRIVE #1814</b>		4.3 STREET ADDRESS <b>1450 BRICKEL BAY DR. #2003</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>DP</b>	<b>SANCHEZ, DANIEL H</b>	5.1 TITLE <b>VP</b>	<b>VAICARCE, Armando L</b>
NAME		5.2 NAME	
STREET ADDRESS <b>1450 SE BAYSHORE DR., #1807</b>		5.3 STREET ADDRESS <b>1450 BRICKEL BAY DR. #1610</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		5.4 CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** 01/09/98 (305) 3733100

CR2E037 (10/97)