

FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90017 021 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 739698

1. Corporation Name
COSTA BELLA ASSOCIATION, INC.

Principal Place of Business
**1450 S. BAYSHORE DRIVE
 MIAMI FL 33131-3612**

Mailing Address
**1450 BRICKEL BAY DR
 OFFICE
 MIAMI FL 33131
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1754406	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		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				10. Name and Address of New Registered Agent			
DE LA TORRE, HELIO 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134				81 Name SKRLD, INC.			
				82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102			
				83			
				84 City Coral Gables			
				85 Zip Code FL 33134			

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: *Helio De Torre Pres.* DATE: **1/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, GLORIA	1.2 NAME	
STREET ADDRESS	1450 BRICKEL BAY DR #1107	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, BRENDA L	2.2 NAME	
STREET ADDRESS	1450 BRICKEL BAY DR #1212	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, DORA Y	3.2 NAME	MANUEL PEREZ
STREET ADDRESS	1450 BRICKEL BAY DR #2002	3.3 STREET ADDRESS	1450 BRICKEL BAY DR #912
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOAQUIN	4.2 NAME	
STREET ADDRESS	1450 BRICKEL BAY DR #2003	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALCARCE, ARMANDO L	5.2 NAME	
STREET ADDRESS	1450 BRICKEL BAY DR #1610	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **14-99 305-373-3100**

CR2E037 (1/198)