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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725749

1. Corporation Name
MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business: 900 S.W. 84TH AVE. MIAMI FL 33144 US
 Mailing Address: 8299 CORAL WAY MIAMI FL 33155



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/08/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1462704
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<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
PROPERTY MANAGEMENT SERVICES CORP. 8299 CORAL WAY MIAMI FL 33155	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, ORESTES	1.2 NAME	
STREET ADDRESS	900 S.W. 84 AVE., APT #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, DANIEL	2.2 NAME	
STREET ADDRESS	900 SW 84TH AVE, APT 317	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-MARCANE, LEONARDO	3.2 NAME	
STREET ADDRESS	900 S.W. 84TH AVENUE APT. 315	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUESGA, RITA	4.2 NAME	SD CARLOS FERNANDEZ
STREET ADDRESS	900 S.W. 84 AVE., APT #410	4.3 STREET ADDRESS	900 SW 84 AVE APT. 215
CITY-ST-ZIP	MIAMI FL 33144	4.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMEDIA, JULIO	5.2 NAME	
STREET ADDRESS	900 SW 8TH AVE APT 312	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	5.4 CITY-ST-ZIP	
TITLE		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 CARLOS FERNANDEZ 2/15/99 305 264-4250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)