


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90016 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711479**  
 1. Corporation Name  
**THIRD HORIZONS CONDOMINIUM, INC.**

Principal Place of Business 1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179	Mailing Address 1530 NORTHEAST 191 ST NORTH MIAMI BEACH FL 33179
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/13/1966
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 29-1155632
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. 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		
MELENDEZ, CARMEN D 1530 NE 191 ST N MIAMI BEACH FL 33179		B1. Name		
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3.		
		B4. City	FL	B5. 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, HELEN	1.2 NAME	MELENDEZ, CARMEN
STREET ADDRESS	1530 NE 191 ST SUITE 110	1.3 STREET ADDRESS	1530 N.E. 191 ST APT #125
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	N.M. Bch, FL 33179
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, CARMEN D	2.2 NAME	MILAN, LENORE
STREET ADDRESS	1530 N3 191 ST SUITE 125	2.3 STREET ADDRESS	1530 N.E. 191 ST. APT #126
CITY-ST-ZIP	N MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	N.M. Bch, FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILAN, LENORE	3.2 NAME	KALMUS, HURIEL
STREET ADDRESS	1530 NE 191 ST SUITE 126	3.3 STREET ADDRESS	1530 N.E. 191 ST. APT #109
CITY-ST-ZIP	NORTH MIAMI Bch FL 33179	3.4 CITY-ST-ZIP	N.M. Bch, FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELENDEZ, CARMEN DIAZ	4.2 NAME	CALVO, LETICIA
STREET ADDRESS	1530 NE 191 ST #125	4.3 STREET ADDRESS	1530 N.E. 191 ST. APT #122
CITY-ST-ZIP	NORTH MIAMI Bch FL	4.4 CITY-ST-ZIP	N.M. Bch, FL 33179
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	BD. MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MANDES, ANA
STREET ADDRESS		5.3 STREET ADDRESS	1530 N.E. 191 ST. APT #203
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N.M. Bch, FL 33179
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Carmen Diaz Res. 4/24/99 (305) 956-9386  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # FAX #

CR2E037 (1/198)