

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

APR 8 1995 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717062 (4)

1. Corporation Name
THREE HORIZONS, EAST, CONDOMINIUM, INC.

Principal Place of Business Mailing Address
12500 NE 15TH AVENUE, APT 412 12500 NE 15TH AVENUE, APT 412
N MIAMI FL 33161 N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1969 3a. Date of Last Report 01/21/1994
4. FEI Number 59-1438436 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 12500 NE 15 AVE 26 12500 NE 15TH AVE
Suite, Apt. #, etc. 22 602 27 3 H EAST #602
City & State 23 NO. MIA. FLA 28 NO. MIA. FLA.
Zip 24 33161 Country 25 DADE Zip 29 33161 Country 30 DADE

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ACKERMAN, NEAL
12500 NE AVENUE APT 412
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name VICTOR BERNAL #602
82 Street Address (P.O. Box Number is Not Acceptable) 12500 NE 15 AVE
83 NORTH MIAMI
84 City FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE VICTOR M. BERNAL (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4-22-95

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	ACKERMAN, ROSALIE
STREET ADDRESS	12500 NE 15 AVE, #412
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	DVP
NAME	DANIELS, LARRY
STREET ADDRESS	12500 NE 15 AVE #605
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	D
NAME	SCHROEDER, DONALD
STREET ADDRESS	12500 N.E. 15TH AVE., #116
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	PD
NAME	ACKERMAN, NEAL
STREET ADDRESS	12500 NE 15TH AVE #412
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	DS
NAME	BONI, CAROLYN
STREET ADDRESS	12500 NE 15 AVE #615
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	D
NAME	RYAN, THOMAS
STREET ADDRESS	12500 NE 15 AVE #515
CITY - ST - ZIP	N MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VICTOR BERNAL	
13 STREET ADDRESS	12500 NE 15 AVE #602	
14 CITY - ST - ZIP	N MIAMI, FL 33161	
21 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HELEN DRAHER	
23 STREET ADDRESS	12500 NE 15 AVE #110	
24 CITY - ST - ZIP	NM FL. 33161	
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GILDA BERNAL	
33 STREET ADDRESS	12500 NE 15 AVE #602	
34 CITY - ST - ZIP	NM FL 33161	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BRUNO VACCARO	
43 STREET ADDRESS	12500 NE 15 AVE #407	
44 CITY - ST - ZIP	NM FL 33161	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FRED ORAZI	
63 STREET ADDRESS	12500 NE 15 AVE 605	
64 CITY - ST - ZIP	NM FL 33161	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VICTOR M. BERNAL (Signature typed or printed name of signing officer or director) DATE APR. 8, 1995 (Date) 305-891-2279 (Telephone No.)