

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717062 (4)

1. Corporation Name

THREE HORIZONS, EAST, CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

12500 N.E. 15TH AVE
#602 611
NO. MIAMI FL 33161
US

12500 N.E. 15TH AVE
3-H EAST #602 611
NO. MIAMI FL 33161
US

3. Date Incorporated or Qualified
08/28/1969

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1438436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BERNAL, VICTOR
12500 N.E. 15TH AVE
NORTH MIAMI FL 33161~~

CHESTER HONIG
12500 N.E. 15TH AVE APT 606
N. MIAMI, FLA 33161

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Chester Honig CHESTER HONIG

(NOTE: Registered Agent signature required when re-instating)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERNAL, VICTOR	
STREET ADDRESS	12500 N.E. 15TH AVE #602	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	DRAHER, HELEN	
STREET ADDRESS	12500 N.E. 15TH AVE #110	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BERNAL, GILDA	
STREET ADDRESS	12500 N.E. 15TH AVE #602	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VACCATO, BRUNO	
STREET ADDRESS	12500 N.E. 15TH AVE #407	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BONI, CAROLYN	
STREET ADDRESS	12500 NE 15 AVE #615	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	ORAZI, FRED	
STREET ADDRESS	12500 N.E. 15TH AVE #605	
CITY-ST-ZIP	N. MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALAN SCHREIBER	
1.3 STREET ADDRESS	12500 NE 15TH AVE APT 611	
1.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHESTER HONIG	
2.3 STREET ADDRESS	12500 NE 15TH AVE APT 606	
2.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NICOLE VALTAIRE	
3.3 STREET ADDRESS	12500 NE 15TH AVE APT 606	
3.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
4.1 TITLE	NICOLE BONCY AI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	12500 N.E. 15TH AVE APT 411	
4.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
5.1 TITLE	SANDRA BOUQUIN AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	12500 NE 15TH AVE APT 606	
5.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester Honig Treasurer

CHESTER HONIG TREAS. 3/7/96 (307) 899-8906

Date

Daytime Phone #

CR2E037 (12/95)