

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717062
1. Corporation Name
THREE HORIZONS, EAST, CONDOMINIUM, INC.

Principal Place of Business 12500 N.E. 15 Avenue	Mailing Address 12500 N.E. 15 Avenue
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2. Principal Place of Business 21 12500 N.E. 15 Ave.	2a. Mailing Address 26 12500 N.E. 15 Ave.	3. Date Incorporated or Qualified 8/28/69	3a. Date of Last Report 3/13/96
22 Suite, Apt. #, etc. 211	27 Suite, Apt. #, etc. 211	4. FEI Number 59-1438436	Applied For <input type="checkbox"/> Not Applicable
23 City & State North Miami, Florida	28 City & State North Miami, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33161	25 Country Dade	29 Zip 33161	30 Country Dade
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Mr. Chester Honig 12500 N.E. 15 Avenue, #506 North Miami, FL 33161		10. Name and Address of New Registered Agent 81 Name Bruno Vaccato 82 Street Address (P.O. Box Number is Not Acceptable) 12500 N.E. 15 Ave., #407 83 84 City North Miami FL 85 Zip Code 33161	
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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: **Bruno Vaccato** *Bruno Vaccato* DATE: **3/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Robert Ryan
STREET ADDRESS		1.3 STREET ADDRESS	12500 N.E. 15 Ave., #211
CITY - ST - ZIP		1.4 CITY - ST - ZIP	North Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Nancy V. Rieman
STREET ADDRESS		2.3 STREET ADDRESS	12500 N.E. 15 Ave., #416
CITY - ST - ZIP		2.4 CITY - ST - ZIP	North Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Bruno Vaccato
STREET ADDRESS		3.3 STREET ADDRESS	12500 N.E. 15 Ave., #407
CITY - ST - ZIP		3.4 CITY - ST - ZIP	North Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Ana Flores
STREET ADDRESS		4.3 STREET ADDRESS	12500 N.E. 15 Ave., #415
CITY - ST - ZIP		4.4 CITY - ST - ZIP	North Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Mike Latta
STREET ADDRESS		5.3 STREET ADDRESS	12500 N.E. 15 Ave., #314
CITY - ST - ZIP		5.4 CITY - ST - ZIP	North Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002159066
STREET ADDRESS		6.3 STREET ADDRESS	-04/29/97--01099--064
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

14. I do 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.

SIGNATURE: **Robert Ryan** *Robert Ryan* DATE: **3/25/97** DAYTIME PHONE #: **(305) 895-6816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)