

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 717062  
1. Corporation Name  
THREE HORIZONS, EAST, CONDOMINIUM INC.

Principal Place of Business Mailing Address  
12500 NE 15 AVENUE 12500 NE AVENUE

2. Principal Place of Business 2a. Mailing Address  
21 12500 NE 15 AVE. 26 12500 NE 15 AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 515 27 515  
City & State City & State  
23 NORTH MIAMI, FLORIDA 28 NORTH MIAMI, FLORIDA  
Zip Country Zip Country  
24 33161 25 DADE 29 33161 30 DADE

3. Date Incorporated or Qualified  
8-28-69  
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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
ETTORE - SCARLINO  
12500 NE 15 AVE. # 515  
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 NE 15 AVE #407  
83  
84 City NORTH MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0501 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 (NOTE: Registered Agent signature required when reinstating) DATE 3-13-98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ETTORE - SCARLINO
1.3 STREET ADDRESS	12500 NE 15 AVE #515
1.4 CITY - ST - ZIP	NORTH - MIAMI, FL 33161
2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRUNO - VACCATO
2.3 STREET ADDRESS	12500 NE 15 AVE #407
2.4 CITY - ST - ZIP	N. MIAMI FL 33161
3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSE ARDOLINO
3.3 STREET ADDRESS	12500 NE 15 AVE #501
3.4 CITY - ST - ZIP	N. MIAMI, FL 33161
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DERICK - BHUPSINGH
4.3 STREET ADDRESS	12500 NE 15 AVE #503
4.4 CITY - ST - ZIP	N. MIAMI FL 33161
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICTOR - BERNAL
5.3 STREET ADDRESS	12500 NE 15 AVE #602
5.4 CITY - ST - ZIP	N. MIAMI FL 33161
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002463037
6.3 STREET ADDRESS	-03/20/98--01020--007
6.4 CITY - ST - ZIP	***61.25

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.

SIGNATURE: ETTTORE SCARLINO 3-13-98 (305)891-7849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)