


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 717271 (1)

1. Corporation Name
LAS BRISAS, ASSOCIATION, INC.

Principal Place of Business 1939 JEFFERSON STREET HOLLYWOOD FL 33020	Mailing Address 1939 JEFFERSON STREET HOLLYWOOD FL 33020-5406
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1969	3a. Date of Last Report 09/05/1996
21	22	26	27	4. FEI Number 59-2383827	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAIMON, MOSHE 7534 BLACK OLIVE WAY TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIMON, MOSHE	1.2 NAME	Maimon, Moshe
STREET ADDRESS	7534 BLACK OLIVE WAY	1.3 STREET ADDRESS	7534 Black Olive Way
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	Tamarac FL 33321
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDILLO, LAURA	2.2 NAME	Wolf, Ed
STREET ADDRESS	1939 JEFFERSON STREET	2.3 STREET ADDRESS	1939 Jefferson Street
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	FLORIAN, MARIA	3.2 NAME	
STREET ADDRESS	13730 SR 84, SUITE 281	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	FRENCH, GERALD	4.2 NAME	
STREET ADDRESS	1939 JEFFERSON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CHERRY, KATHLEEN	5.2 NAME	
STREET ADDRESS	1939 JEFFERSON STREET, UNIT 203	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	
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 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: **Moshe Maimon** *M. Maimon* **3/21/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Filed # 0021219

CR2E037 (9/96)