

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90140 013 \*\*\*\*61.25

**DOCUMENT # 717271**

1. Entity Name

**LAS BRISAS, ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1939 JEFFERSON STREET  
 HOLLYWOOD FL 33020

1939 JEFFERSON STREET  
 HOLLYWOOD FL 33020-5408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2383827**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLF, ED**  
**1939 JEFFERSON**  
**SUITE 404**  
**HOLLYWOOD FL 33020**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>MAIMON, MOSHE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>7534 BLACK OLIVE WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE NAME	<b>P</b> <b>WOLF, ED</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1939 JEFFERSON STREET 404</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE NAME	<b>VP</b> <b>BOJAN, LIVIA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1929 JEFFERSON ST, UNIT 101</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE NAME	<b>D</b> <b>FOLEY, KATHLEEN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1939 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE NAME	<b>D</b> <b>CHERRY, KATHLEEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1939 JEFFERSON STREET, UNIT 203</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>VP. Wolfgang Berg</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1505 Tyler St.</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>	
TITLE NAME	<b>ST. Bob Jensen</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1939 Jefferson St, 204</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>	
TITLE NAME	<b>D. Laura Mendillo</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1939 Jefferson St, 401</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE *[Signature]*

Date 1/10/00

Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)