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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721013 (1) 1. Corporation Name LAKE HILDA ASSOCIATION, INC.



Principal Place of Business 13902 CROOKED PALM CT MIAMI LAKES FL 33014 US Mailing Address 13902 CROOKED PALM CT MIAMI LAKES FL 33014-2912 US

3. Date Incorporated or Qualified 05/24/1971 3a. Date of Last Report 02/21/1996 4. FEI Number 23-7117328 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

2. Principal Place of Business 21 6990 Silver Oak Drive 26 6990 Silver Oak Drive Suite, Apt. #, etc. 22 27 City & State 23 Miami Lakes, Florida 28 Miami Lakes, Florida Zip 24 33014 25 USA 29 33014 30 USA Country

9. Name and Address of Current Registered Agent MULLER, SHIRLEY 13902 CROOKED PALM CT MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent 81 Name ROBERT S. RUIZ 82 Street Address (P.O. Box Number is Not Acceptable) 6990 Silver Oak Drive 83 84 City Miami Lakes FL 85 Zip Code 33014

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] DATE 3-22-97

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD NAVARRO, PEDRO E; VD RODRIQUEZ, ARMANDO; TD MULLER, SHIRLEY; SD FISHER, CAROL; O RAMOS, CLARY.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include PD Robert Ruiz; TD David Carbonell; SD Rodrigo Zapata; D Tony Lam.

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: [Signature] DATE 3-22-97

CR2E037 (9/96)