


FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728167 (8)**

1. Corporation Name  
**FOUNTAIN SQUARE PARK ASSOCIATION, INC.**

Principal Place of Business <b>910 W. 81ST PLACE HIALEAH FL 33014</b>	Mailing Address <b>910 W. 81ST PLACE HIALEAH FL 33014-3516</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/28/1973</b>	3a. Date of Last Report <b>07/02/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-157777</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CARRION, ROBERT W. 8155 WEST 9TH LANE HIALEAH FL 33014-3566</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <b>SAUMUELL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRION, ROBERT W.</b>	1.2 NAME	<b>Dalia Saummuell-Yedra</b>
STREET ADDRESS	<b>8155 WEST 9TH LANE</b>	1.3 STREET ADDRESS	<b>8165 West 9 Ave. Hialeah, Fl. 33014</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEGA, DOLIA</b>	2.2 NAME	
STREET ADDRESS	<b>870 WEST 81ST PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAZQUEZ, NORMA I.</b>	3.2 NAME	
STREET ADDRESS	<b>8175 WEST 9TH AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANNETT, LOUISE</b>	4.2 NAME	<b>Jennifer David</b>
STREET ADDRESS	<b>8170 WEST 8TH COURT</b>	4.3 STREET ADDRESS	<b>8165 West 9 Lane Hialeah, Fl. 33014</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: \_\_\_\_\_

CP2E037 (9/96)