

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731850 (4)

1. Corporation Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
14538 S.W. 119 AVENUE
MIAMI FL 33186

14275 SW 142ND AVE.
MIAMI FL 33186

3. Date Incorporated or Qualified
02/12/1975

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INCORPORATION
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL. FL 33134

81

Name

Maria Arias

82

Street Address (P.O. Box Number is Not Acceptable)

Siegrfried, Kipnis, Rivera et al

83

201 Alhambra Circle Suite#1102

84

City

Coral Gables

FL

85

Zip Code
33134

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 agent 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 '92

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOULSON, BONITA BELL	
STREET ADDRESS	4704 SW 67TH AVE. N-4	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABRELL, LISA	
STREET ADDRESS	4724 SW 67 AVE., E-11	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOERNER, JUDITH	
STREET ADDRESS	4710 SW 67TH AVE. H-1	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, ANA	
STREET ADDRESS	419 MINORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, MARY JO	
STREET ADDRESS	4728 SW 67TH AVE. J-1	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUSHNYS, THOMAS	
STREET ADDRESS	4732 SW 67TH AVE. K-5	
CITY-ST-ZIP	MIAMI FL 33155	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeBello, Darin	
1.3 STREET ADDRESS	4708 SW 67 Ave, L-15	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Abrell, Lisa	
2.3 STREET ADDRESS	4724 SW 67 Ave., E-11	
2.4 CITY-ST-ZIP	Miami, FL 33155	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vivian Gude	
3.3 STREET ADDRESS	4728 SW 67 Ave., J-2	
3.4 CITY-ST-ZIP	Miami, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bruno, Mary JO	
5.3 STREET ADDRESS	4728 SW 67th Ave. J-1	
5.4 CITY-ST-ZIP	Miami, FL 33155	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pujol, Pedro	
6.3 STREET ADDRESS	4714 SW 67 Ave C-6	
6.4 CITY-ST-ZIP	Miami, FL 33155	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lisa Abrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Date

(305) 854-2229

Daytime Phone

CR2E037 (12/95)