

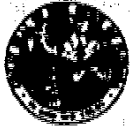
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 737206 (3)  
1. Corporation Name  
INTERNATIONAL GARDENS SECTION 4 HOMEOWNERS ASSOCIATION INC.

Principal Place of Business Mailing Address  
12540 SW 22 TERR. MIAMI FL 33175 12540 SW 22 TERR. MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1976 3a. Date of Last Report 04/26/1994  
4. FEI Number -50-1839068 65-0021758 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
CUERVO, MANUEL H  
12330 SW 22ND LANE  
MIAMI FL FL 33175

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO PD	1.1 TITLE	VD 1st VICE PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, CHARLES F.	1.2 NAME	VICENTE DE LA VEGA
STREET ADDRESS	12540 S.W. 22ND TERR.	1.3 STREET ADDRESS	2150 SW 123 CT
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD	2.1 TITLE	VD 2ND VICE PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ MARIA	2.2 NAME	MANUEL CUERVO
STREET ADDRESS	1940 S.W. 123 COURT	2.3 STREET ADDRESS	12330 SW 22 LANE
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD	3.1 TITLE	TD TREASURER - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ CARLOS	3.2 NAME	JOSE JIMENBZ
STREET ADDRESS	12440 S.W. 22ND TERRACE	3.3 STREET ADDRESS	2110 SW 125 CT
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD	4.1 TITLE	TD ASSIST. TREASURER - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTAMENDI ERNESTO	4.2 NAME	ALBERTO PUENTES
STREET ADDRESS	2140 S.W. 123RD COURT	4.3 STREET ADDRESS	2040 SW 123 CT
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD	5.1 TITLE	SD SECRETARY - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRERAS, ALVARO (JR.)	5.2 NAME	PETER TRUJILLO
STREET ADDRESS	1855 S.W. 125TH COURT	5.3 STREET ADDRESS	2020 SW 125 CT
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE		6.1 TITLE	SD ASSIST. SECRETARY - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	TIM CHAPMAN
STREET ADDRESS		6.3 STREET ADDRESS	1905 SW 125 CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33175

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE *Charles F. Slater* CHARLES F. SLATER, President 3-28-95 305-553-9399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Here)