FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:37

DOCUMENT # **740320** (7)

1. Corporation Name
MANGO HILL CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business	Mailing Address
P.O. BOX 110548 HIALEAH FL 33011-0548	P.O. BOX 110548 HIALEAH FL 33011-0548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1977
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1702652 ☐ 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	26
Suite, Apt. #, etc. 22: P.O. BOX 110658	Suite, Apt. #, etc. 27: P.O. BOX 110658
City & State 23: HIALEAH, FL	City & State 28: HIALEAH FL
Zip 24: 33011 Country 25: USA	Zip 29: 33011-0658 Country 30:

9. Name and Address of Current Registered Agent

NODAL, RAFAEL A
ACTION GENERAL SERVICES CORP
1490 W. 49TH PLACE, STE. 515
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: ALEJANDRO DE LA CRUZ
82 Street Address (P.O. Box Number is Not Acceptable): 1075 W 44 TERRACE
83
84 City: HIALEAH FL 85 Zip Code: 33012

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: CRUZ - TREASURER — CRUZ — 5-18-95
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 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PEREZ, MARCELO	1.2 NAME	Juan Octavio Ortega	
STREET ADDRESS	4425 W. 10TH LN	1.3 STREET ADDRESS	1082 W. 44 St.	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	TD	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CRIADO, ROGARIO	2.2 NAME	Alejandro De La Cruz	
STREET ADDRESS	4443 W. 10TH LN.	2.3 STREET ADDRESS	1075 W. 44 Terr.	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	RODRIGUEZ, VICTOR	3.2 NAME	Vicente O. Nova	
STREET ADDRESS	4459 W. 10TH LANE	3.3 STREET ADDRESS	1061 W. 44 Terr.	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, VICTOR	4.2 NAME		
STREET ADDRESS	4459 W 10TH LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, HECTOR	5.2 NAME		
STREET ADDRESS	1059 W 44TH TERRACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: [signature] 5-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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