

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 746205 (4)

1. Corporation Name

MANGO HILL CONDOMINIUM ASSOCIATION NO 10, INC.



Principal Place of Business

Mailing Address

9010 S.W. 137TH AVENUE #113  
PO BOX 560397  
MIAMI FL 33186

9010 SW 137 AVE.  
STE. 112  
MIAMI FL 33186  
US

2. Principal Place of Business

21 7154-B S.W. 47 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33155

Country

25 DADE

2a. Mailing Address

26 7154-B S.W. 47TH ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33155

Country

30 DADE

3. Date Incorporated or Qualified

03/12/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2120947

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

9. Name and Address of Current Registered Agent

CADICO MANAGEMENT COMPANY  
9010 SW 137 AVE.  
STE. 112  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

GROUP CADICORP, INC.

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

7154-B SOUTH WEST 47 STREET

83

84 City

MIAMI

FL

85 Zip Code

33155

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.

03-27-1996

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

TITLE ☐ DELETE

NAME PD ARENCIBIA, ANGEL  
STREET ADDRESS 3850 W. 9TH WAY  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME VD BULKES, FABIOLA  
STREET ADDRESS 3750 W. 9TH WAY  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME TD WILSON, CASTILLO  
STREET ADDRESS 3780 W. 9TH WAY  
CITY-ST-ZIP HIALEAH FL

TITLE ☒ DELETE

NAME SD MARRERO, MERCEDES  
STREET ADDRESS 965 W. 37 TERR.  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

SAME

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

SAME

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

SAME

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

SILVIA HERNANDEZ  
3740 WEST 9TH WAY  
HIALEAH, FLORIDA 33012

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

500001795615

5.4 CITY-ST-ZIP

-04/26/96--01020--001

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

\*\*\*70.00

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: ANGEL ARENCIBIA, PRESIDENT

03-27-1996

Date

Daytime Phone #

CR2E037 (12/95)

4/25/96