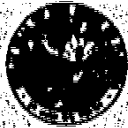


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED
 95 MAY -1 AM 11:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 746207 (0)
 1. Corporation Name
 MANGO HILL CONDOMINIUM ASSOCIATION NO. 12, INC.

Principal Place of Business Mailing Address
 POST OFFICE BOX 3538 POST OFFICE BOX 3538
 HIALEAH FL 33012 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1979 3a. Date of Last Report 03/23/1994
 4. FEI Number 59-2169455 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 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
 NUNEZ, LUZMARY
 46 SIGONA AVE #3- 4001 N.W. 5 ST
 CORAL GABLES FL 33144 HIALEAH, FL 33126

10. Name and Address of New Registered Agent
 81 Name NUNEZ LUZMARY
 82 Street Address (P.O. Box Number is Not Acceptable) 4001 N.W. 5 ST.
 83
 84 City Miami FL 85 Zip Code 33124

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 *[Signature]* LUZMARY NUNEZ 4/12/95
 Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE PD
 NAME ZIADET, CARLOS
 STREET ADDRESS 3835 W. 8 WAY
 CITY-ST-ZIP HIALEAH FL 33012
 TITLE TD
 NAME ALVAREZS, FERNANDO
 STREET ADDRESS 3840 W. 8 LANE
 CITY-ST-ZIP HIALEAH FL 33012
 TITLE SD
 NAME ALVAREZ, FERNANDO
 STREET ADDRESS 3830 W. 8 LANE
 CITY-ST-ZIP HIALEAH FL 33012
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 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
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]* CARLOS Ziadet 4/12/95
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR Date (Type in Year if