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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746877 (0)
1. Corporation Name
LES CHALETS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 2247 S.W. 105 COURT MIAMI FL 33165
Mailing Address: P.O. BOX 653135 MIAMI FL 33265-3135 US

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 04/05/1996
4. FEI Number: 59-2266500
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

2. Principal Place of Business: 10642 S.W. 23rd Terr. Suite, Apt. #, etc. City & State: Miami, FL Zip: 33165 Country: Dade
2a. Mailing Address: Suite, Apt. #, etc. City & State: Zip: Country:
22 27 23 28 24 25 29 30

9. Name and Address of Current Registered Agent
KALICHE, ANTHONY A
BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR, STE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name: MARK A. POFFENBARGER
82 Street Address (P.O. Box Number is Not Acceptable): 959 Crandon Blvd.
83
84 City: Miami FL 85 Zip Code: 33322

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.
SIGNATURE: [Signature] DATE: 2/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEGOVIA, JAIME C.	
STREET ADDRESS	2247 S.W. 105 COURT	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, FERNANDO	
STREET ADDRESS	10642 SW 23 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PU345A, ELVIRA	
STREET ADDRESS	2247 SW 105 COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TROETSCH, ALEJANDRO	
STREET ADDRESS	2310 S.W. 106 COURT	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIMA, JUAN E.	
STREET ADDRESS	10632 SW 23 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fernando Alvarez	
1.3 STREET ADDRESS	10642 S.W. 23rd Terr.	
1.4 CITY - ST - ZIP	Miami, FL 33165	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Juan Lima	
2.3 STREET ADDRESS	10632 S.W. 23rd Terr.	
2.4 CITY - ST - ZIP	Miami, FL 33165	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jorge Fitarre	
3.3 STREET ADDRESS	2029 S.W. 105th Ct.	
3.4 CITY - ST - ZIP	Miami, FL 33165	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pablo Data	
4.3 STREET ADDRESS	2242 S.W. 105 Ct.	
4.4 CITY - ST - ZIP	Miami, FL 33165	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Francisco Alvarez	
5.3 STREET ADDRESS	10531 S.W. 20th Terr.	
5.4 CITY - ST - ZIP	Miami, FL 33165	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Enrique Diaz	
6.3 STREET ADDRESS	2322 S.W. 106th Ct.	
6.4 CITY - ST - ZIP	Miami, FL 33165	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-16-97 (305) 553-2333
Typed or Printed Name of Signing Officer or Director: PABLO DATA Daytime Phone # 0034134

CR2E037 (9/96)

LES CHALETS HOMEOWNERS ASSOCIATION INC.

January 30, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom this may concern:

Please add the following officers.

D
Gillermo Duenas
10532 S.W. 22nd Lane
Miami, FL 33165

D
Raul Farinas
10511 S.W. 20th Terr.
Miami, FL 33165

D
Joseph Parlade
9040 S.W. 9th Terr.
Miami, FL 33165