

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 751817 (8)
1. Corporation Name
TAMIAMI LAKES SECTION 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O J&M CONDO MNGMT & MAINTEN. INC.
221 SW 22ND AVE #219
MIAMI FL 33135

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/01/1980		03/07/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2070613		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	
33135		33135		USA		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KABA, MOISE 2542 SW 6TH ST MIAMI FL 33135				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1800 SW 8 STREET			
				84 City			
				Miami FL			
				85 Zip Code			
				33135			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABA, MOISE	1.2 NAME	
STREET ADDRESS	1936 SW 136TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVEROL, ALFREDO	2.2 NAME	
STREET ADDRESS	2006 SW 136 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVEROL, SIXTO	3.2 NAME	
STREET ADDRESS	2056 SW 136TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURINO, JOSE	4.2 NAME	
STREET ADDRESS	1856 SW 136 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRANDES, CARLOS JUAN	5.2 NAME	
STREET ADDRESS	2137 SW 136 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)