

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 767278

1. Corporation Name  
OASIS EN MANGO Hill XV Condo. Assoc.

Principal Place of Business: L.M. Quality mgmt P.O. Box 44-0915 MIAMI, FL 33144  
Mailing Address: P.O. Box 44-0915 MIAMI FL 33144

3. Date Incorporated or Qualified: 3/13/83  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-2267838X Applied For: [Blank] Not Applicable: [Blank]  
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [X] No

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, Apt #, etc., City & State, and Zip & Country.

9. Name and Address of Current Registered Agent: Luzmary Nuñez, 4001 N.W. 5 St., Miami FL 33124  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: 3/29/96

12. OFFICERS AND DIRECTORS (1-5) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-6). Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition. Includes handwritten notes and a stamp: 700001765977 -04/02/96--01023--019 \*\*\*61.25

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] DATE: 3-29-96 DAYTIME PHONE #: 541-1215

CR2E037 (12/95)