

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767278 (5)**

1. Corporation Name  
**OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL COND OMINIUM NO. XV) ASSOCIATION, INC.**



Principal Place of Business <b>L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI FL 33144 US</b>	Mailing Address <b>L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI FL 33144-0915 US</b>
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3. Date Incorporated or Qualified <b>03/02/1983</b>	3a. Date of Last Report <b>04/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2267838</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NUNEZ, LUZMARY  
4001 NW 5TH STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ DATE **4/1/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>SANTOS, OROSIL DE LOS</b>	
STREET ADDRESS	<b>3995 WEST 9TH LANE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>JAIME, CARLOS</b>	
STREET ADDRESS	<b>4020 WEST 9TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
NAME	<b>GONZALEZ, JEAN</b>	
STREET ADDRESS	<b>3981 WEST 9TH LANE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>GONZALEZ, JULIO</b>	
STREET ADDRESS	<b>4008 WEST 9TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>FERNANDEZ, MARIO</b>	
STREET ADDRESS	<b>4009 W 9 AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Abel Fernandez</b>		
1.3 STREET ADDRESS	<b>3986 W. 9 CT</b>		
1.4 CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>CARLOS JAIMES</b>		
2.3 STREET ADDRESS	<b>4020 W. 9 CT</b>		
2.4 CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>JULIO GONZALEZ</b>		
3.3 STREET ADDRESS	<b>4008 W. 9 CT</b>		
3.4 CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **4/1/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)