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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI FL 33144 US	Mailing Address L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI FL 33144 US
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3. Date Incorporated or Qualified
03/02/1983

4. FEI Number
59-2267838

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

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

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 _____ DATE **4/3/98**

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ABEL	
STREET ADDRESS	3986 W 9 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JAIMES, CARLOS	
STREET ADDRESS	4020 WEST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO	
STREET ADDRESS	4008 W 9TH CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO	
STREET ADDRESS	4008 WEST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, MARIO	
STREET ADDRESS	4009 W 9 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Abel Fernandez	
1.3 STREET ADDRESS	3986 W 9 CT	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OROSIL Delos Santos	
2.3 STREET ADDRESS	3991 W. 9 lane	
2.4 CITY-ST-ZIP	Hialeah FL 33012	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jaimes Carlos	
3.3 STREET ADDRESS	4020 W. 9 CT	
3.4 CITY-ST-ZIP	Hialeah FL 33012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 of an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/6/98**

CR2E037 (10/97)