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Apr 23, 1999 8:00 am
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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

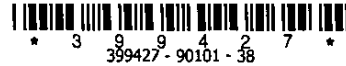


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 767278

1. Corporation Name

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



Principal Place of Business

Mailing Address

L.M. QUALITY MANAGEMENT
 P.O. BOX 44-0915
 MIAMI FL 33144
 US

L.M. QUALITY MANAGEMENT
 P.O. BOX 44-0915
 MIAMI FL 33144
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/02/1983

22 City & State

27 City & State

4. FEI Number
59-2267838

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24

25

29

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNEZ, LUZMARY
4001 NW 5TH STREET
HIALEAH FL 33012

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 *Luzmary Nunez*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

4/15/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ABEL	
STREET ADDRESS	3986 W 9 CT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OROSIL, DELOS SANTOS	
STREET ADDRESS	3991 W 9TH LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES CARLOS	
STREET ADDRESS	4020 W 9TH CT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO	
STREET ADDRESS	4008 WEST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" 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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OROSIL DE LOS SANTOS	
1.3 STREET ADDRESS	3991 W 9TH LN	
1.4 CITY-ST-ZIP	HIA FL. 33012	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABEL FERNANDEZ	
2.3 STREET ADDRESS	3986 W 9TH COURT	
2.4 CITY-ST-ZIP	HIA FL. 33012	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carlo James	
3.3 STREET ADDRESS	4020 W 9TH CT	
3.4 CITY-ST-ZIP	HIA FL. 33012	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Agustini ALMEIDA	
4.3 STREET ADDRESS	4015 W 9TH HIA FL. 33012	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Julio Gonzalez	
5.3 STREET ADDRESS	4008 W 9TH COURT	
5.4 CITY-ST-ZIP	HIA FL 33012	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4/15/99 Date *305 865 8718* Daytime Phone #

CR2E037-11198