FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768556 (3)

1. Corporation Name

LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% MIAMI MANAGEMENT, INC. 14538 S.W. 119 AVENUE MIAMI FL 33186-6115	% MIAMI MANAGEMENT, INC. 14538 S.W. 119 AVENUE MIAMI FL 33186-6115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2391202 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 % Miami Mgt Inc	26 Miami Management Inc
Suite, Apt. #, etc. 22 14275 SW 142 Ave	Suite, Apt. #, etc. 27 14275 SW 142 Ave
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33186 Country 25 Dade	Zip 29 33186 Country 30 Dade

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRIAY, CARLOS 999 PONCE DE LEON SUITE 1110 CORAL GABLES FL 33134	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, FRANK	12 NAME	DELETE	
STREET ADDRESS	2725 W 64TH PLACE #13	13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	JORGE, ESTHER	22 NAME	DELETE	
STREET ADDRESS	2725 W 64TH PLACE #24	23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	CANCIO BELLO, GUILLERMO	32 NAME	Cancio-Bello/Guillermo	
STREET ADDRESS	14538 S.W. 119 AVE.	33 STREET ADDRESS	14275 SW 142 Ave	
CITY-ST-ZIP	MIAMI FL 33186	34 CITY-ST-ZIP	Miami, FL 33186	
TITLE	Pres	41 TITLE	P/D	☐ Change ☒ Addition
NAME	Jorge, Jose	42 NAME	Jorge, Jose	
STREET ADDRESS	2725 W 64PL. #13	43 STREET ADDRESS	2725 W 64 PL #13	
CITY-ST-ZIP	Hialeah, FL.	44 CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	Sec.	51 TITLE	Sec/D	☐ Change ☒ Addition
NAME	Rubio, Manuel	52 NAME	Rubio, Manuel	
STREET ADDRESS	2705 W 64PL	53 STREET ADDRESS	2705 W 64 PL	
CITY-ST-ZIP	Hialeah, FL.	54 CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: X _____ Jose Jorge Pres/Dir.
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000019