

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769607 (3)
 1. Corporation Name
COUNTRY LANE CONDOMINIUM NO.1 ASSOCIATION, INC.



Principal Place of Business 12079 SW 131ST AVE. MIAMI FL 33186 US	Mailing Address 12079 SW 131ST AVE. MIAMI FL 33186 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	07/28/1983	02/06/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-0240803	Not Applicable
23	24	28	29	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MICHAEL HYMAN, HYMAN & KAPLAN 44 WEST FLAGLER 14TH FLOOR MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARCUS, CARLOS		1.2 NAME	Janette Quincos	
STREET ADDRESS	17000 NW 67 AVE #213		1.3 STREET ADDRESS	17000 NW 67 Ave, #118	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLEN, JACK		2.2 NAME	Jack Miller	
STREET ADDRESS	17000 NW 67 AVE #313		2.3 STREET ADDRESS	17000 NW 67 Ave, # 313	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, COLLEEN		3.2 NAME	Colleen Alvarez	
STREET ADDRESS	17000 NW 67 AVE #310		3.3 STREET ADDRESS	17000 NW 67 Ave, # 302	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	Hermania	
STREET ADDRESS			4.3 STREET ADDRESS	17000 NW 67 Ave, # 301	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	Eddie Hoch	
STREET ADDRESS			5.3 STREET ADDRESS	17000 NW 67 Ave, # 109	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	900001769199	
STREET ADDRESS			6.3 STREET ADDRESS	-04/04/96--01048--002	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***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: Janette Quincos / Janette Quincos 2/7/96 688-5731
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)