

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

ANNOUNCED
 1996

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

SEP 12 10:41

DOCUMENT # 770545 (2)
 1. Corporation Name
FLAMINGO CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **11125 N.W. 62ND AVE. HIALEAH FL 33012**
 Mailing Address: **11125 N.W. 62ND AVE. HIALEAH FL 33012**

3. Date Incorporated or Qualified: **10/03/1983**
 3a. Date of Last Report: **06/08/1995**

2. Principal Place of Business: **6207 W 24 AVE**
 2a. Mailing Address: **PO BOX 5582**
 Suite, Apt #, etc.: **APT 105-9**
 City & State: **Hialeah, FL**
 Zip: **33014** Country: **USA**

4. FEI Number: **59-2810402**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GALLIMAR, PEDRO M
1432 W 49TH ST
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

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROLANDO, RAMON	
STREET ADDRESS	6275 W 24TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANTOS, ZORAIDA C	
STREET ADDRESS	9561 FONTAINBLEAU BLVD 514	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PINOS, CARLOS	
STREET ADDRESS	6231 W 24TH AVE 201	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MENA, DAVID	
STREET ADDRESS	6267 W 24TH AVE 202	
-ST-ZIP	HIALEAH FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO, FRANCISCO	
STREET ADDRESS	6267 WEST 24TH AVE., #104	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALGORZATA M. DIEGO	
1.3 STREET ADDRESS	6207 W 24 AVE APT. 105-9	
1.4 CITY-ST-ZIP	HIALEAH FL 33016	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EZEQUIEL FIGUEROA	
2.3 STREET ADDRESS	6223 W 24 AVE APT 205	
2.4 CITY-ST-ZIP	HIALEAH FL 33016	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARLOS PINO	
3.3 STREET ADDRESS	6231 W 24 AVE APT 201	
3.4 CITY-ST-ZIP	HIALEAH FL 33016	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JUAN I. HERNANDEZ	
4.3 STREET ADDRESS	6239 W 24 AVE APT 102	
4.4 CITY-ST-ZIP	HIALEAH FL 33016	
5.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALBERTO HERNANDEZ	
5.3 STREET ADDRESS	6283 W 24 AVE APT 104	
5.4 CITY-ST-ZIP	HIALEAH FL 33016	
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 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: *[Signature]* DATE: **09-05-96** DAYTIME PHONE #: **(305) 465-9261**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)