

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90022 028 \*\*\*\*61.25

0002313

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

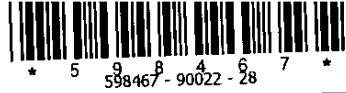


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 770545**

1. Corporation Name

**FLAMINGO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

6207 W. 24TH AVENUE  
 APT. 105-9  
 HIALEAH FL 33016

Mailing Address

P.O. BOX 160104  
 HIALEAH FL 33016

2. Principal Place of Business  
 21 2050 Coral Way

2a. Mailing Address  
 26 2050 Coral Way

3. Date Incorporated or Qualified  
 10/03/1983

22 Suite, Apt. #, etc.  
 Suite #515

27 Suite, Apt. #, etc.  
 Suite #515

4. FEI Number  
 59-2810402

Applied For  
 Not Applicable

23 City & State  
 Miami, Fl.

28 City & State  
 Miami, Fl.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip Country  
 33145

29 Zip Country  
 33145

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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  
 Bonafide Management Group, Inc.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2050 Coral Way, Suite #515  
 83  
 Miami, Fl. 33145  
 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 *[Signature]* President, Bonafide Management Group, Inc. DATE 7/21/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIEGO, MALGORZATA M	
STREET ADDRESS	6207 W. 24 AVENUE APT. 105-9	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COMPANIONI, ANA G	
STREET ADDRESS	6251 W. 24TH AVENUE APT. 205-10	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CANALS, RICARDO	
STREET ADDRESS	6251 W. 24TH AVENUE APT. 106-10	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, JUAN I	
STREET ADDRESS	6239 W. 24 AVENUE APT. 102-1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEZCANO, JULIA	
STREET ADDRESS	6239 W. 24TH AVENUE APT. 104-1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ, DIONILES	
STREET ADDRESS	6275 W. 24 AVE., APT. 206-4	
CITY-ST-ZIP	HIALEAH FL 33016	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sanchez, Julio	
1.3 STREET ADDRESS	6231 W. 24th Ave., #105	
1.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hernandez, Juan I.	
2.3 STREET ADDRESS	6239 W. 24th Ave., #102	
2.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lezcano, Julia	
3.3 STREET ADDRESS	6239 W. 24th Ave., #104	
3.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Santa Maria, Jaime	
4.3 STREET ADDRESS	6275 W. 24th Ave., #104	
4.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/22/99 305-857-9777  
 Daytime Phone #

CR2E037 (5/99)