

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F40098**
1. Corporation Name
FLAMENCO CONDOMINIUMS, INC.

(8)

95 FEB 14 PM 4: 23

Principal Place of Business	Mailing Address
7301 NW 41ST ST. MIAMI FL 33166 US	7301 NW 41ST ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/09/1981	3a. Date of Last Report 07/08/1994
4. FEI Number 59-2539920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
ASTRO CONDO SERVICES INC
7301 NW 41 STR
MIAMI FL 33166

10. Name and Address of New Registered Agent

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 Louis A. Rey - Astro Condo Services, Inc. *[Signature]* 2/1/95
Signature, typed or printed name of registered agent (see title 4 applicable) (NOTE: Registered Agent signature required from remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DELAPUENTE, ARMANDO
STREET ADDRESS	1055 W. 77TH ST., #312
CITY-ST-ZIP	HAIALEAH FL
TITLE	I
NAME	BACALLAO, JORGE
STREET ADDRESS	1055 W 77TH ST., #212
CITY-ST-ZIP	HAIALEAH FL
TITLE	D
NAME	VINAIXA, CARLOS
STREET ADDRESS	1055 W. 77TH ST., #408
CITY-ST-ZIP	HAIALEAH FL
TITLE	S
NAME	GONZALEZ, ELIZABETH
STREET ADDRESS	3147 W. 78TH ST.
CITY-ST-ZIP	HAIALEAH FL
TITLE	D
NAME	JORGE, JOSE
STREET ADDRESS	1055 W. 77TH ST., #208
CITY-ST-ZIP	HAIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its receiver or trustee or authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in a block that with an address.

SIGNATURE: Armando del Puente *[Signature]* Armando del Puente 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR