

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01162 (9)**

1. Corporation Name
LA MIRAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: % ACTION GENERAL SERVICES, CORP. P.O. BOX 110548 HIALEAH FL 33011-0548
Mailing Address: % ACTION GENERAL SERVICES, CORP. P.O. BOX 110548 HIALEAH FL 33011-0548

3. Date Incorporated or Qualified: **01/31/1984**
3a. Date of Last Report: **06/01/1995**

2. Principal Place of Business: 21 5445-5511 W. 22nd Ct. 22 Suite, Apt. #, etc. 23 Hialeah, Fl. 24 33016 25 Dade 26 27 28 29 30

4. FEI Number: **59-2414956**
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
**NODAL, RAFAEL A
ACTION GENERAL SERVICES, CORP.
1490 W. 49TH PL. SUITE 515
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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]* **Rafael A. Nodal** **3-12/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, CECILIO	
STREET ADDRESS	5473 W. 22ND CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOREJON, MARIA ISABEL	
STREET ADDRESS	5501 W. 22ND CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COSTA, MAYRA	
STREET ADDRESS	5499 W. 22ND CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALCON, ANDRES	
STREET ADDRESS	5449 W. 22ND CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BANCHON, MIRIAM	
STREET ADDRESS	5495 W. 22ND CT.	
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	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cecilio Fernandez	
1.3 STREET ADDRESS	5473 W. 22nd Ct.	
1.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mayra Costa	
2.3 STREET ADDRESS	5499 W. 22nd Ct.	
2.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andres Falcon	
3.3 STREET ADDRESS	5449 W. 22nd Ct.	
3.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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]* **Cecilio Fernandez** **3/12/96** **(305) 823-1201**

CR2E037 (12/95)