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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
5445-5511 W 22 CT P.O. BOX 110548 HIALEAH FL 33016 US
% 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 04/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2414956 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$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 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
81 Name Cecilio Fernandez
82 Street Address (P.O. Box Number is Not Acceptable) 5473 W. 22nd Ct.
83
84 City Hialeah FL 85 Zip Code 33016

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, typed or printed name of registered agent and title if applicable. Cecilio Fernandez 1-20-97 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD NAME FERNANDEZ, CECILIO STREET ADDRESS 5473 W. 22ND CT. CITY-ST-ZIP HIALEAH FL 33016
TITLE PD NAME FERNANDEZ, CECILIO STREET ADDRESS 5473 W 22 CT CITY-ST-ZIP HIALEAH FL
TITLE TD NAME COSTA, MAYRA STREET ADDRESS 5499 W. 22ND CT. CITY-ST-ZIP HIALEAH FL 33016
TITLE V NAME FALCON, ANDRES STREET ADDRESS 5449 W. 22ND CT. CITY-ST-ZIP HIALEAH FL 33016
TITLE TD NAME COSTA, MAYRA STREET ADDRESS 5499 W 22 CT CITY-ST-ZIP HIALEAH FL
TITLE SD NAME FALCON, ANDRES STREET ADDRESS 5449 W 22 CT CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE T/D 3.2 NAME Felipe Hurtado 3.3 STREET ADDRESS 5473 W. 22nd Ct. 3.4 CITY-ST-ZIP Hialeah, FL, 33016
4.1 TITLE S/D 4.2 NAME Rosendo Hernandez 4.3 STREET ADDRESS 5467 W. 22nd Ct. 4.4 CITY-ST-ZIP Hialeah, FL, 33016
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 attached form with an address.

SIGNATURE: Cecilio Fernandez 1-20-97 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022806

CR2E037 (9/96)