

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NON PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Shirley B. Mortham
Secretary of State

CORPORATIONS

99AR

DOCUMENT # N01162 (9)

1. Corporation Name

LA MIRAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5445-5511 W. 22nd Ct.
Hialeah, Fl. 33016**

**c/o CAM Management Serv.
P.O. Box 5103
Hialeah, Fl. 33014-1103**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/31/84

5. FEI Number

59-2414956

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Cecilio Fernandez	5473 W. 22nd Ct.	Hialeah, FL. 33016
T/D	Felipe Hurtado	5473 W. 22nd Ct.	Hialeah, FL. 33016
S/D	Rosendo Hernandez	5467 W. 22nd Ct.	Hialeah, FL. 33016

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8. Name and Address of Current Registered Agent

**Cecilio Fernandez
5473 W. 22nd Ct.
Hialeah, Fl. 33016**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc.

City

State | Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/1/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(g), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecilio Fernandez 5/1/99

Date

305 826-9191
Daytime Phone #

CPREMO 112-961