

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09832** (9)

1. Corporation Name

**FLAMENCO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
1055 WEST 77TH STREET HIALEAH FL 33014	% ASTRO CONDO SERVICES, INC. 7301 N.W. 41 STREET MIAMI FL 33166-6743

3. Date Incorporated or Qualified <b>06/18/1985</b>	3a. Date of Last Report <b>06/20/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FEI Number <b>59-2539920</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ASTRO CONDO SERVICES, INC. LOUIS A. REY - PROPERTY MGR. 7301 N.W. 41 STREET 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 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) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CANACES, JUAN A
STREET ADDRESS	3183 W. 68TH PL.
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	S <input type="checkbox"/> DELETE
NAME	BACALLAO, ORLANDO
STREET ADDRESS	3237 W. 77TH PL.
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	T <input type="checkbox"/> DELETE
NAME	BACALLAO, LAZARO
STREET ADDRESS	1055 W. 77TH STREET, APT. 305
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	V <input type="checkbox"/> DELETE
NAME	JORGE, JOSE
STREET ADDRESS	1055 W. 77TH STREET, APT. 206
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	D <input type="checkbox"/> DELETE
NAME	LA PUENTE, ARMANDO D
STREET ADDRESS	1055 W. 77TH STREET, APT. 312
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	D <input type="checkbox"/> DELETE
NAME	JORGE BACALLAO
STREET ADDRESS	1055 W 77 STREET #212
CITY-ST-ZIP	HIALEAH, FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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. 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]* **RES.** *Bank Dept. 61.25* *1/18/96 605/596-8211*

CR2E037 (9/96)