

FILE NOW: FILING FEE IS \$61.25

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02-24-1999 90052 023 \*\*\*\*61.25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                         |  |                                                                                   |                                                                                          |                                                                                                   |  |
|-------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                         |  |  |                                                                                          | FLORIDA DEPARTMENT OF STATE<br>Katherine Haffre<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N09832</b>                                                |  |                                                                                   |                                                                                          |                                                                                                   |  |
| 1. Corporation Name<br><b>FLAMENCO CONDOMINIUM ASSOCIATION, INC.</b>    |  |                                                                                   |                                                                                          |                                                                                                   |  |
| Principal Place of Business<br>1055 WEST 77TH STREET<br>HALEAH FL 33014 |  |                                                                                   | Mailing Address<br>% ASTRO CONDO SERVICES, INC.<br>7301 N.W. 41 STREET<br>MIAMI FL 33106 |                                                                                                   |  |

|                                |                     |                     |                     |                                                                                                                |  |
|--------------------------------|---------------------|---------------------|---------------------|----------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 5. Date Incorporated or Qualified<br>06/18/1985                                                                |  |
| 21                             | Bldg., Apt. #, etc. | 26                  | Bldg., Apt. #, etc. | A. FEI Number<br>59-2530820                                                                                    |  |
| 22                             | City & State        | 27                  | City & State        | Applied For<br><input type="checkbox"/> Not Applicable                                                         |  |
| 29                             | Zip                 | 28                  | Zip                 | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                       |  |
| 34                             | Country             | 29                  | Country             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

|                                                                                                     |  |  |  |                                                        |  |  |  |
|-----------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--|--|
| 3. Name and Address of Current Registered Agent                                                     |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
| ASTRO CONDO SERVICES, INC.<br>LOUIS A. REY - PROPERTY MGR.<br>7301 N.W. 41 STREET<br>MIAMI FL 33106 |  |  |  | 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 (Louis A. Rey) DATE 1/2/99  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when changing)

| 12. OFFICERS AND DIRECTORS |                               |        |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |        |          |  |
|----------------------------|-------------------------------|--------|--------------------|-------------------------------------------------------|--------|----------|--|
| TITLE                      | P                             | DELETE | 1.1 TITLE          | P                                                     | CHANGE | ADDITION |  |
| NAME                       | BACALLAO, ORLANDO             |        | 1.2 NAME           | BACALLAO, ORLANDO                                     |        |          |  |
| STREET ADDRESS             | 3237 W 77TH PL                |        | 1.3 STREET ADDRESS | 3237 W 77 PL                                          |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33016               |        | 1.4 CITY-ST-ZIP    | HALEAH, FL 33016                                      |        |          |  |
| TITLE                      | D                             | DELETE | 2.1 TITLE          | S                                                     | CHANGE | ADDITION |  |
| NAME                       | BACALLAO, LAZARO              |        | 2.2 NAME           | BACALLAO, LAZARO                                      |        |          |  |
| STREET ADDRESS             | 1055 W 77 ST, #305            |        | 2.3 STREET ADDRESS | 1055 W 77 ST #305                                     |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33014               |        | 2.4 CITY-ST-ZIP    | HALEAH, FL 33014                                      |        |          |  |
| TITLE                      | T                             | DELETE | 3.1 TITLE          | D                                                     | CHANGE | ADDITION |  |
| NAME                       | MILJANOVICH, SANTOS V         |        | 3.2 NAME           | CAVALES, JUAN D.                                      |        |          |  |
| STREET ADDRESS             | 1055 W 77 ST, #205            |        | 3.3 STREET ADDRESS | 3125 W. 60 PLACE                                      |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33014               |        | 3.4 CITY-ST-ZIP    | HALEAH, FL 33014                                      |        |          |  |
| TITLE                      | V                             | DELETE | 4.1 TITLE          | V                                                     | CHANGE | ADDITION |  |
| NAME                       | JORGE, JOSE                   |        | 4.2 NAME           | JORGE, JOSE                                           |        |          |  |
| STREET ADDRESS             | 1055 W. 77TH STREET, APT. 208 |        | 4.3 STREET ADDRESS | 1055 W 77 ST-APT 206                                  |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33014               |        | 4.4 CITY-ST-ZIP    | HALEAH, FL 33014                                      |        |          |  |
| TITLE                      | D                             | DELETE | 5.1 TITLE          | T                                                     | CHANGE | ADDITION |  |
| NAME                       | LA PUENTE, ARMANDO D          |        | 5.2 NAME           | DE LA PUENTE, ARMANDO                                 |        |          |  |
| STREET ADDRESS             | 1055 W. 77TH STREET, APT. 312 |        | 5.3 STREET ADDRESS | 1055 W 77 ST #312                                     |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33014               |        | 5.4 CITY-ST-ZIP    | HALEAH, FL 33014                                      |        |          |  |
| TITLE                      | S                             | DELETE | 6.1 TITLE          |                                                       | CHANGE | ADDITION |  |
| NAME                       | LOPEZ, DALIA                  |        | 6.2 NAME           |                                                       |        |          |  |
| STREET ADDRESS             | 1055 W 77 ST, #207            |        | 6.3 STREET ADDRESS |                                                       |        |          |  |
| CITY-ST-ZIP                | HALEAH FL 33014               |        | 6.4 CITY-ST-ZIP    |                                                       |        |          |  |

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE: (Signature) **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (1/98)