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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 08 1997 8:00am Secretary of State

DOCUMENT # N13458 (7)

1. Corporation Name

OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL COND OMINIUM NO. XVI) ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% L.M. QUALITY MANAGEMENT P.O. BOX 3538 HIALEAH FL 33013

% L.M. QUALITY MANAGEMENT P.O. BOX 3538 HIALEAH FL 33013-0538

3. Date Incorporated or Qualified 02/17/1986

3a. Date of Last Report 05/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2267838

Applied For Not Applicable

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

10. Name and Address of New Registered Agent

NUNEZ, LUZMARY 4001 N.W. 5 STREET MIAMI FL 33126

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

4/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE NAME CARMONA, LEONOR STREET ADDRESS 4142 W. 9 COURT CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE TD DELETE NAME PEREZ, ANA MARIA STREET ADDRESS 4182 W. 9 COURT CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE SD DELETE NAME CAPOTE, LUIS STREET ADDRESS 4151 W. 9 COURT CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE VPD DELETE NAME PEREA, MARIA E STREET ADDRESS 4118 W. 9 COURT CITY-ST-ZIP HIALEAH FL 33012

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS 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 attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0023039

CP2E037 (9/96)