

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13458** (7)
1. Corporation Name
OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL COND OMINIUM NO. XVI) ASSOCIATION, INC.



Principal Place of Business % L.M. QUALITY MANAGEMENT P.O. BOX 3538 HIALEAH FL 33013	Mailing Address % L.M. QUALITY MANAGEMENT P.O. BOX 3538 HIALEAH FL 33013
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3. Date Incorporated or Qualified
02/17/1986

4. FEI Number 59-2267838	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 1111 KANE CONCOURSE SE Suite, Apt. #, etc. # 504	22. Mailing Address 1111 KANE CONCOURSE Suite, Apt. #, etc. # 504
23. City & State BAY HARBOR FL	24. City & State BAY HARBOR FL
25. Zip 33154	26. Country DADE
27. Zip 33154	28. Country DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

NUNEZ, LUZMARY
4001 N.W. 5 STREET
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARMONA, LEONOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4142 W. 9 COURT	1.2 NAME	
STREET ADDRESS	HIALEAH FL 33012	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD PEREZ, ANA MARIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4182 W. 9 COURT	2.2 NAME	
STREET ADDRESS	HIALEAH FL 33012	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CAPOTE, LUIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4151 W. 9 COURT	3.2 NAME	
STREET ADDRESS	HIALEAH FL 33012	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD PEREA, MARIA E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4118 W. 9 COURT	4.2 NAME	
STREET ADDRESS	HIALEAH FL 33012	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in or on an attachment with an address.

CR2E037 (10/97)

4/6/98 (305) 865 8718

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR