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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13458

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

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE SUITE 504 BAY HARBOR FL 33154 US	1111 KANE CONCOURSE SUITE 504 BAY HARBOR FL 33154 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/17/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2267838
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	

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 Luzmary Nunez DATE 4/15/99

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	PD Ana Maria Perez
NAME	4142 W. 9 COURT	1.2 NAME	4182 W 9 ct
STREET ADDRESS	HIALEAH FL 33012	1.3 STREET ADDRESS	Hialeah FL 33012
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD PEREZ, ANA MARIA	2.1 TITLE	TD Luis Capote
NAME	4182 W. 9 COURT	2.2 NAME	4151 W 9 ct
STREET ADDRESS	HIALEAH FL 33012	2.3 STREET ADDRESS	Hialeah FL 33012
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CAPOTE, LUIS	3.1 TITLE	SD Margarot Neregueta
NAME	4151 W. 9 COURT	3.2 NAME	4190 W 9 ct
STREET ADDRESS	HIALEAH FL 33012	3.3 STREET ADDRESS	Hialeah FL 33012
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VDD Luis Esquivia
NAME		4.2 NAME	4182 W 9 ct
STREET ADDRESS		4.3 STREET ADDRESS	Hialeah FL 33012
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Leonora Carmona
NAME		5.2 NAME	4142 W 9 ct
STREET ADDRESS		5.3 STREET ADDRESS	Hialeah FL 33012
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Ana Maria Perez DATE 4/15/99 DAYTIME PHONE # 2058658718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)