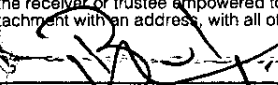


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 005 ****61.25

DOCUMENT # N13458 1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XVI) ASSOCIATION, INC.					
Principal Place of Business L.M. QUALITY POST OFFICE BOX 440915 MIAMI, FL 33144 OS			Mailing Address L.M. QUALITY POST OFFICE BOX 440915 MIAMI, FL 33144 OS		
2. Principal Place of Business 14505 Commerce Way Suite, Apt. #, etc. 525		3. Mailing Address 14505 Commerce Way Suite, Apt. #, etc. 525			
City & State Miami Lakes, FL		City & State Miami Lakes, FL		4. FEI Number 59-2267838	
Zip 33016		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, LUZMARY 402 MINORCA CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Jorge Zarate Street Address (P.O. Box Number is Not Acceptable) Cloposmos Management Services Inc. 14505 Commerce Way, Suite 525 City Miami Lakes, FL Zip Code 33016		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Jorge Zarate, Property Manager Signature, typed or printed name of registered agent and title if applicable.				DATE 2/9/4 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOTE, LUIS 4151 W 9TH CT HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Julio Gomez 417-9 W 9th Lane Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADENA, HIGINIO 1410 W 39 PLACE HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rosendo Garcia 4155 W 9th Lane Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, ANA MARIA 4182 W 9 CT HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Liliana Salazar 4183 W 9th Lane Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2/9/04 305-824-4672 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					