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	Mailing Address
L.M. QUALITY POST OFFICE BOX 440915 MIAMI, FL 33144 OS	L.M. QUALITY POST OFFICE BOX 440915 MIAMI, FL 33144 OS

02092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
14505 Commerce Way	14505 Commerce Way
Suite, Apt. #, etc.: 525	Suite, Apt. #, etc.: 525
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip: 33016 Country: US	Zip: 33016 Country: US

4. FEI Number: 59-2267838 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NUNEZ, LUZMARY 402 MINORCA CORAL GABLES, FL 33134	Name: Jorge Zarate Street Address (P.O. Box Number is Not Acceptable): c/o Cosmos 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 DATE: 2/9/4
Signature, typed or printed name of registered agent and title if applicable. (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 4179 W 9th Lane Hialean, 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 Iliana 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: [signature] 2/9/04 305-824-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #