NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90004 032 ****61.25

DOCUMENT # N13458

Entity Name
OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XVI) ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14505 COMMERCE WAY. MIAMI LAKES, FL 33016 OS	14505 COMMERCE WAY. MIAMI LAKES, FL 33016 OS

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
14411 Commerce Way	14411 Commerce Way
Suite, Apt. #, etc. Suite 240	Suite, Apt. #, etc. Suite 240
City & State Miami Lakes, F	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
ZARATE, JORGE C/O COSMOS MGMT. SVCS., INC. 14505 COMMERCE WAY, STE. 525 MIAMI LAKES, FL 33016	Name: Zarate, Jorge Street Address (P.O. Box Number is Not Acceptable): C/O Cosmos Management Services Inc. 14411 Commerce Way, Suite 240 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, C.A.M. 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P GOMEZ, JULIO 4179 W 9TH LANE HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Bulgado Alain 4171 W. 9 Lane Hialeah, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCIA, ROSENDO 4155 W 9TH LANE HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Almanza Ricardo 4115 W. 9 ct. Hialeah, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALAZAR, ILIANA 4183 W 9TH LANE HIALEAH, FL 33012	☐ 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
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: 4/29/05 305-824-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #