| 2003 UNIFORM BUSINESS REPORT: (UBR)  |   |  |  |   |   |  |  |  |  |  |
|--|---|--|--|---|---|--|--|--|--|--|
| DOCU<br>1, Entity Nam  | A. J. S. Jan  |  |  | FILE  |   |  |  |  |  |  |
| OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL COND   |   |  |  |   |   | 03 JUL 24-AH 11: 53  |  |  |  |  |
| Principal Plac   |   |  |  |   |   |  |  |  |  |  |
| SU BAY HARBOR F. 23154   |   |  | 111 KANE CONCOURSE<br>SUITE-594<br>BAY HARBOR FL 39154-2043<br>US    |   |   | TALLA  | RETARY OF<br>NHASSEE F   | STATE<br>CORIDA  |  |  |
|  | Nano of Dunio   |  |  | Mailing Address   |   |  |  |  |  |  |
| 2. Principal Place of Pusiness P. D. D. Walit 1  |   |  | L. M. Buslil   |   |   | D'Snam   |  | N (B) B) M (M) M (M) M (M)<br>L) S (C) C (C) T (C)   | \$1011 \$1411 1401<br>   |  |
| Suite, Apt. #, etc. 0 X 4409 11  |   |  | Suite Apt. # etc. 1  |   |   | REW  |  | TE INTHIS SPACE O  | -  |  |
| City & State FL 33144 City & State D. BOX  |   |  |  |   | 59-2267838 Not App  |  | Applied For<br>Not Applicable  |  |  |  |
| 9 <sup>Zip</sup> 3/  | 44  | Dade   | 33/44  | dade  | ب   |  | of Status Desired  | \$8.75 /<br>Fee Requ   | Additional<br>lired  |  |
| 6. Name and Address of Current Registered Agent  Name / //   |   |  |  |   |   | 7. Name and Address of New Registered Agent  |  |  |  |  |
| NUINEZ LUZMARY Street Address (1)  |   |  |  |   |   | 2MARI NUMEZ P.O. Box Number is Motor sceptarion.   |  |  |  |  |
| NUNEZ, LUZMARY<br>4001 N-W_5 STREET  |   |  |  |   | Street Address P.O. By Number is Not Sceptable V.   |  |  |  |  |  |
| MIAMI FL 33126   |   |  |  |   |   | -1 9-5   | <u> </u>   | ■• Zb C  | ode .  |  |
|  |   |  |  |   |   |  | Ables  |  | 3°34 _   |  |
| 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.  |   |  |  |   |   |  |  |  |  |  |
| 12/ Option hungman Mines 5/1/2003  |   |  |  |   |   |  |  |  |  |  |
|  |   | /////////  | $\sim$ $\sim$  | us on   | m   | Mune   | <u>.</u>   | ボ ねけ ノミ  | 000  |  |
| SIGNATURE  | Signature, typed  | or printed parte of registered agent as  | nd title if applicable. (NO  | E: Registered Agent sign  | - /   |  | <del>}</del>   | 5 / / S  | 003  |  |
| SIGNATURE  | Signature, typed  | or plinted dame of registered agent at   | nd title if applicable. (NO  | E: Registared Agent sign  | - /   |  | <b>}</b>   | 5 J. J. S.   | 2003   |  |
| SIGNATURE  | Signature, typed  FILE I  FEE IS  | NOW:   | nd title if an incable. (NO  9. Election Campaig  Trust Fund Contrib | n Financing   | ature required  |  |  | Se Check Payable epartment of State  | to   |  |
| SIGNATURE  | FILE !  | NOW:   | 9. Election Campaig Trust Fund Contrit                               | n Financing   | \$5.0<br>Added  | OO May Be d to Fees  | De   | Se Check Payable   | to e   |  |
| 10.  | FILE IS   | NOW:<br>\$61.25<br>OFFICERS AND DIRE   | 9. Election Campaig Trust Fund Contrit                               | n Financing pution.   | \$5.0<br>Added  | OO May Be d to Fees  ADDITIONS/CHA   | NGES TO OFFICE   | te Check Payable   | to<br>e  |  |
| 10.  | FILE IS FEE IS PD PEREZ, AI   | NOW:<br>\$61.25<br>OFFICERS AND DIRI   | 9. Election Campaig<br>Trust Fund Contrit                            | n Financing pution.   | \$5.0<br>Added  | OD May Be d to Fees  ADDITIONS/CHA  S CA PO  | nges to office<br>the ct   | te Check Payable epartment of State  | to e IN 10   |  |
| 10. TITLE NAME   | FILE I<br>FEE IS<br>PD<br>PEREZ, AI<br>4182 W. 9<br>HIALEAH   | NOW:<br>\$61.25<br>OFFICERS AND DIRI<br>";<br>NA M<br>OTH COURT  | 9. Election Campaig<br>Trust Fund Contrib<br>ECTORS                  | n Financing pution.   11.  TITLE P D  NAME  STREET ADDRESS CITY-ST-ZIP  | \$5.0<br>Added  | OO May Be d to Fees  ADDITIONS/CHA   | nges to office<br>the ct   | te Check Payable epartment of State and Directors Grang  | to e IN 10   |  |
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| 10.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP   | PD PEREZ, AI 4182 W. 9 HIALEAH TD CAPOTE,   | NOW:<br>\$61.25<br>OFFICERS AND DIRI<br>';;<br>NA M<br>OTH COURT<br>FL 33012   | 9. Election Campaig<br>Trust Fund Contrib<br>ECTORS                  | n Financing pution.   11.  TITLE P D NAME STREET ADDRESS  | \$5.0 Added   | OD May Be d to Fees  ADDITIONS/CHA  S Ca Po  S   W 9  Alash  Alas | nges to office<br>the ct<br>FL   | te Check Payable epartment of State Change C | to e IN 10   |  |
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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:

SIGNATURE: