

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15065 (8)

1. Corporation Name
CARMEL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



400001919314
 -08/12/96--01048--011
 ***70.00

Principal Place of Business: ~~6121 W 17TH LANE HIALEAH FL 33013~~
 Mailing Address: ~~P.O. BOX 5517 HIALEAH FL 33014-1577~~

3. Date Incorporated or Qualified: 05/22/1986
 3a. Date of Last Report: 10/13/1995
 4. FEI Number: 59-2620154
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1290 WEST 51 PL.
 Suite, Apt. #, etc.:
 22
 City & State: 23 HIALEAH, FL.
 Zip: 24 33012
 Country: 25 DADE
 2a. Mailing Address: 26 1290 WEST 51 PL.
 Suite, Apt. #, etc.:
 27
 City & State: 28 HIALEAH, FL.
 Zip: 29 33012
 Country: 30 DADE

9. Name and Address of Current Registered Agent
~~VALLINA, KARINA
 6121 W. 12TH LANE
 HIALEAH FL 33012~~

10. Name and Address of New Registered Agent
 81 Name: GLADYS GARCIA
 82 Street Address (P.O. Box Number is Not Acceptable): 1290 WEST 51 PL.
 83
 84 City: HIALEAH, FL 85 Zip Code: 33012

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: *Gladys Garcia* (NOTE: Registered Agent signature required when reinstating) DATE: 7/25/96

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	VALLINA, KARINA	
STREET ADDRESS	5121 W. 12 LANE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HILL, JESUS	
STREET ADDRESS	15478 NW 77TH CT. #420	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSORIO, EDUARDO	
STREET ADDRESS	1271 W. 51ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, PEDRO	
STREET ADDRESS	1289 51ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, NORBERTO	
STREET ADDRESS	1313 W. 51ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE CARBONELL	
1.3 STREET ADDRESS	1833 WEST 51 PL.	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
2.1 TITLE	T/O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLADYS GARCIA	
2.3 STREET ADDRESS	1290 WEST 51 PL.	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
3.1 TITLE	V/P.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOURDES QUINTERO	
3.3 STREET ADDRESS	1298 W. 51 PL.	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
4.1 TITLE	S/O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SANDRA MARTI	
4.3 STREET ADDRESS	1353 WEST 51 PL.	
4.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANGELA ROSARIO	
5.3 STREET ADDRESS	1249 WEST 51 PL.	
5.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
6.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARIANELA J. PINTADO	
6.3 STREET ADDRESS	5040 WEST 12 LANE	
6.4 CITY-ST-ZIP	HIALEAH, FL. 33012	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Gladys Garcia* DATE: 7/25/96 DAYTIME PHONE #: 362-6664

CR2E037 (3/96)