


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21318 (3)
1. Corporation Name
MIRA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3150 NW 46TH STREET FORT LAUDERDALE FL 33309	Mailing Address 3150 NW 46TH STREET FORT LAUDERDALE FL 33309-6801
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1987	3a. Date of Last Report 02/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0236286	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
LEE, ROBERT W
2400 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name **LEE, ROBERT W**
82 Street Address (P.O. Box Number is Not Acceptable)
2691 E. OAKLAND PARK BLVD. SUITE 303
83
84 City **FORT LAUDERDALE** **FL** **85** Zip Code **33308**

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 *Paula Harmon* P & D For The Association 3-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARMON, PAULA	
STREET ADDRESS	3200 NW 46TH STREET, #208	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROBITTAILE, BRENDA	
STREET ADDRESS	3200 NW 46TH ST., #206	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARLENE	
STREET ADDRESS	3300 NW 46 ST UNIT 101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD GUESALAGA, VICTOR
2.3 STREET ADDRESS	3100 N.W. 46TH ST., #107
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TSD RODRIGUEZ, ARLENE
3.3 STREET ADDRESS	3300 N.W. 46TH STREET, #101
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 *Paula Harmon* 3-10-97 954-484-6914

CR2E037 (9/96)