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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N25213 (2)

1. Corporation Name
VILLAGE OF DORAL PINES ASSOCIATION, INC.



Principal Place of Business Mailing Address
14275 SW 142 AVE 14275 SW 142 AVE
MIAMI FL 33186 MIAMI FL 33186-6715
US US

3. Date Incorporated or Qualified 03/04/1988
3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30 Country

4. FEI Number 65-0125925
Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

TRIAI, CARLOS A.
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name Bedzow, Korn & Kan
82 Street Address (P.O. Box Number is Not Acceptable) 20803 Biscayne Blvd.
83 Suite 200
84 City Adventura FL 85 Zip Code 33180

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 *[Signature]* DATE 1/24/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUERRA, ANDY	
STREET ADDRESS	9771 NW 37TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VENELTA, GONZALO	
STREET ADDRESS	10170 N.W. 54TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, JERRY	
STREET ADDRESS	9744 N.W. 57TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, FLORENTINE	
STREET ADDRESS	5759 N.W. 97TH PLACE	
CITY-ST-ZIP	MIAMI FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JONES, DAVID	
1.3 STREET ADDRESS	5763 NW 97th CT.	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	D/SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAGG, GUY	
2.3 STREET ADDRESS	9751 NW 57th TERR.	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GONZALEZ, GEORGE	
3.3 STREET ADDRESS	5770 NW 99th PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL	
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: *[Signature]* DATE 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)