

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 AM 8:55

DOCUMENT # **N32839 (5)**

1. Corporation Name
EL PRADO XI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

P.O. BOX #123
HIACLEAH FL 33012

P.O. BOX #428
HIACLEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/15/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0156466** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **1125 N.W. 62nd Ave** 26 **P.O. Box 4428**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **HIACLEAH** 27

City & State City & State

23 **FLORIDA** 28 **HIACLEAH, FL**

Zip Country Zip Country

24 **33012** 25 **U.S.A.** 29 **33014** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

SILVERSTEIN ALAN ESQ
1701 S.W. SECOND AVE
HIACLEAH FL 33129

10. Name and Address of New Registered Agent

81 Name **CLEMENTE L. DELATORRE**

82 Street Address (P.O. Box Number is Not Applicable)
1125 N.W. 62nd Ave

83 **HIACLEAH, FL**

84 City

85 Zip Code **FL 33012**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, 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 understand the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE-LA TORRE, MIGUEL
STREET ADDRESS	7885 W. 20th WAY #201
CITY- ST- ZIP	HIACLEAH FL
TITLE	P
NAME	PEREZ, ANGE
STREET ADDRESS	7705 W. 20th WAY #101
CITY- ST- ZIP	HIACLEAH FL
TITLE	S
NAME	SOTOLONGO, JOSE
STREET ADDRESS	7881 W. 20th WAY #102
CITY- ST- ZIP	HIACLEAH FL
TITLE	D
NAME	ALVAREZ, ROSALIA
STREET ADDRESS	7715 W. 20th WAY #102
CITY- ST- ZIP	HIACLEAH FL
TITLE	D
NAME	WALBERTO, ALFONSO
STREET ADDRESS	7712 W. 20th WAY #101
CITY- ST- ZIP	HIACLEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P/D JOSE O. SOTOLONGO
13 STREET ADDRESS	7881 W. 20th WAY APT #102
14 CITY- ST- ZIP	HIACLEAH, FL. 33016
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	W/P LUIS A. GONZALEZ
23 STREET ADDRESS	7922 W. 20th WAY APT #202
24 CITY- ST- ZIP	HIACLEAH, FL. 33016
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	T/JUAN CARLOS BARRIOS
33 STREET ADDRESS	7881 W. 20th WAY APT #202
34 CITY- ST- ZIP	HIACLEAH, FL. 33016
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S/O ALEJIS RAMIREZ
43 STREET ADDRESS	7995 W. 20th WAY APT #201
44 CITY- ST- ZIP	HIACLEAH, FL. 33012
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 110.07(3)(b), 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: **6-1-95** (821-7668)