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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000001749 (9)
 1. Corporation Name
LES JARDINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
7990 S.W. 117 AVE. SUITE 137 MIAMI FL 33183 US		7990 S.W. 117 AVE. SUITE 137 MIAMI FL 33183 US	
21	Principal Place of Business The Timberlake Group, Inc.	26	Mailing Address The Timberlake Group, Inc.
22	Suite, Apt. #, etc. 5050 N.W. 74th. Avenue,	27	Suite, Apt. #, etc. 5050 N.W. 74th.venue,
23	City & State Miami, Florida,	28	City & State Miami, Florida
24	Zip 33166	29	Zip 33166
25	Country U.S.A.	30	Country S.A.

3. Date Incorporated or Qualified
04/12/1995

4. FEI Number
65-065 1973

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

-AGUIRRE, GERARDO L.
-7990 S.W. 117 AVE.-
-#137
-MIAMI FL 33183--

10. Name and Address of New Registered Agent

Name
ROBERT A. DUGGER

Street Address (P.O. Box Number is Not Acceptable)
The Timberlake Group, Inc.,
5050 N.W. 74th. Avenue,

City
MIAMI

State
FL

Zip Code
33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 Stat

SIGNATURE **ROBER DUGGER** DATE **02/18/98**

12. OFFICERS AND DIRECTORS

TITLE	- PD -	<input checked="" type="checkbox"/> DELETE
NAME	- VALDES, JORGE --	
STREET ADDRESS	- 2650 S.W. 103 AVENUE	
CITY-ST-ZIP	- MIAMI FL 33165 -	
TITLE	- SD -	<input checked="" type="checkbox"/> DELETE
NAME	- AGUIRRE, GERRARDO L	
STREET ADDRESS	- 7990 S.W. 117 AVENUE, SUITE 137	
CITY-ST-ZIP	- MIAMI FL 33183 --	
TITLE	- TD -	<input checked="" type="checkbox"/> DELETE
NAME	- PLAGIOS, MARIA	
STREET ADDRESS	- 7990 S.W. 117 AVENUE, SUITE 137	
CITY-ST-ZIP	- MIAMI FL 33183 -	
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 TIT	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NP	RAFAEL MOTA,	
1.3 STDRSS	8320 N.W. 10th. Street, #9,	
1.4 CZIP	Miami, Florida 33126.	
2.1 TIT	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NP	LIBIA LAGARES,	
2.3 STDRSS	8250 N.W. 10th. Street, #11,	
2.4 CZIP	Miami, Florida 33126.	
3.1 TIT	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NA	RICHARD SIRES,	
3.3 STDRSS	8230 N.W. 10th. Street, #4,	
3.4 CRIP	Miami, Florida 33126.	
4.1 TIT		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NP		
4.3 STDRSS		
4.4 CZIP		
5.1 TIT		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NA		
5.3 STDRSS		
5.4 CZIP		
6.1 TIT		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NA		
6.3 STDRSS		
6.4 CZIP		

14. 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 annual report or supplemental annual report is true and accurate and 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 tort 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: **RAFAEL MOTA** DATE: **2/21/98** (305) 592-9567 EXT 4140

CR2E037 (10/97)