


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N95000001749**
1. Corporation Name
LES JARDINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**8200 N. W. 10 Street
Miami, Florida 33126**

2. Principal Place of Business **same as above**
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country

2b. Mailing Address
26. **c/o 305 Alcazar Ave**
27. **Coral Gables, Fla**
28. City & State
29. **33134**
30. **Dade**

3. Date incorporated or Qualified
April 12, 1995

4. FEI Number **65-0651973**
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**

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
**VILAR PROPERTY MANAGEMENT
305 Alcazar Ave
Coral Gables, Florida 33134**

10. Name and Address of New Registered Agent
81. Name **c/o Teresa Vilar**
82. Street Address (P.O. Box Number is Not Acceptable)
305 Alcazar Avenue
83. **Coral Gables, Florida**
84. City **Coral Gables** 85. Zip Code **FL 33134**

11. Pursuant to the provisions of Sections 617.01 and 617.0503 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. Each 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 *Teresa Vilar* 8/13/98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	Fred Prat, Pres - D
STREET ADDRESS	8310 N. W. 10 Street, Apt 3
CITY - ST - ZIP	Miami, Florida 33126
TITLE	<input type="checkbox"/> DELETE
NAME	Leslie Siero, Vice Pres D
STREET ADDRESS	8270 N, W, 10 St, Apt 9
CITY - ST - ZIP	Miami, Florida 33126
TITLE	<input type="checkbox"/> DELETE
NAME	Martha Benito, Sec/Tres D
STREET ADDRESS	8310 N. W. 10 St. J9
CITY - ST - ZIP	Miami, Florida 33126
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600002650116
53 STREET ADDRESS	-09/28/98--01063--033
54 CITY - ST - ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or simplified annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If Block 12 or Block 13 is changed or if an appointment with an address.

SIGNATURE: *Fred Prat* PRESIDENT 8/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #