


**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90049 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000029821**

1. Corporation Name  
**ALHAMBRA VI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 2260 WEST 55TH STREET UNIT 14 HIALEAH FL 33016	Mailing Address 2260 WEST 55TH STREET UNIT 14 HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/30/1998**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

31. Country

32. Country

33. Country

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4. FEI Number  
**65-0434576**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MORENO, ELIZABETH**  
 2260 WEST 55TH STREET  
 UNIT 14  
 HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name  
**GONZALEZ, JOSE LUIS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2260 west 55 TH STREET**  
 83  
**UNIT 14**  
 84 City  
**HIALEAH** FL 85 Zip Code  
**33016**

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

SIGNATURE **JOSE LUIS GONZALEZ** - **PRESIDENT - 05-12-99**  
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**  DELETE  
 NAME **MORENO, ELIZABETH**  
 STREET ADDRESS **8231 NW 172ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE **VD**  DELETE  
 NAME **GONZALEZ, JOSE L**  
 STREET ADDRESS **2260 WEST 55TH STREET UNIT 14**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **SD**  DELETE  
 NAME **FEO, ALFREDO**  
 STREET ADDRESS **2260 WEST 55TH STREET UNIT 13**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **TD**  DELETE  
 NAME **DELGADO, FLORENTINO O**  
 STREET ADDRESS **2260 WEST 55TH STREET UNIT 11**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D**  DELETE  
 NAME **GILBERTO, JESUS**  
 STREET ADDRESS **5320 WEST 20TH LANE**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D**  DELETE  
 NAME **GILBERTO, ADRIANA**  
 STREET ADDRESS **5320 WEST 20TH LANE**  
 CITY-ST-ZIP **HIALEAH FL 33016**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**  Change  Addition  
 1.2 NAME **GONZALEZ, JOSE LUIS**  
 1.3 STREET ADDRESS **2260 WEST 55 STREET UNIT # 14 HIA-FL**  
 1.4 CITY-ST-ZIP

2.1 TITLE **VD**  Change  Addition  
 2.2 NAME **M ANUEL PEREZ SARROCA**  
 2.3 STREET ADDRESS **2260 west 55 TH STREET UNIT # 2**  
 2.4 CITY-ST-ZIP **HIALEAH FL 33016**

3.1 TITLE **SD**  Change  Addition  
 3.2 NAME **FEO, ALFREDO**  
 3.3 STREET ADDRESS **2260 WEST 55 TH STREET UNIT 13**  
 3.4 CITY-ST-ZIP **HIALEAH FL 33016**

4.1 TITLE **TD**  Change  Addition  
 4.2 NAME **DELGADO, FLORENTINO O**  
 4.3 STREET ADDRESS **2260 WEST 55 TH STREET UNIT 11**  
 4.4 CITY-ST-ZIP **HIALEAH FL 33016**

5.1 TITLE **D**  Change  Addition  
 5.2 NAME **JAVIER GONZALEZ.**  
 5.3 STREET ADDRESS **2260 WEST 55 STRET UNIT 8**  
 5.4 CITY-ST-ZIP **HIALEAH FL 33016**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: **JOSE LUIS GONZALEZ** 04-18-99 (305) 824-8940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)