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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N04639 (3)

1. Corporation Name

LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1300 W. 46TH ST. HIALEAH FL 33012 US	C/O ACTION GENERAL SERVICES POST OFFICE BOX 110548 HIALEAH FL 33011-0548 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2665942 ☐ 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. 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAFAEL A. NODAL
ACTION GENERAL SERVICES, CORP
1490 W. 49TH PL, SUITE 515
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ RAFAEL A. Nodal 3/24/95
Signature, typed or printed name of Registered Agent and, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	[illegible]	1.2 NAME	Abraham Sanchez	
STREET ADDRESS	1300 W. 46TH ST. #1	1.3 STREET ADDRESS	1330 W. 46 St. #17	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	TD SVP	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	[illegible]	2.2 NAME	Juan A. Hernandez	
STREET ADDRESS	1330 W 46TH ST. #17	2.3 STREET ADDRESS	1320 W. 46 St. #23	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	SC	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	[illegible]	3.2 NAME	Ileana Cramer	
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	1640 Lakeshore Circle	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
TITLE	SA	4.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]	4.2 NAME		
STREET ADDRESS	1320 W. 46TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Abraham Sanchez 3/24/95 (305) 823-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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