

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

APPROVED
AND
FILED

95 APR 24 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768556

(3)

1. Corporation Name

LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% MIAMI MANAGEMENT, INC.
14538 S.W. 119 AVENUE
MIAMI FL 33186-6115

% MIAMI MANAGEMENT, INC.
14538 S.W. 119 AVENUE
MIAMI FL 33186-6115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2391202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$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 PO Miami Mgmt Inc
Suite, Apt. #, etc.

26 MIAMI Management Inc
Suite, Apt. #, etc.

22 14275 SW 142 Ave
City & State

27 14275 SW 142 Ave
City & State

23 MIAMI FL

28 MIAMI FL

24 Zip 33186 Country Dade

29 Zip 33186 Country Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS
888 PONCE DE LEON
SUITE 1110
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1 PD
GONZALEZ, FRANK
2725 W 64TH PLACE #13
HIALEAH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2 STD
JORGE, ESTHER
2725 W 64TH PLACE #24
HIALEAH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3 VD
CANCIO BELLO, GUILLERMO
14538 S.W. 119 AVE.
MIAMI FL 33186

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

VD
Cancio-Bello/Guillermo
14275 SW 142 Ave
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4 Pres
Jorge, Jose
2725 W 64th Pl. #13
Hialeah, FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

PD
Jorge, Jose
2725 W 64th Pl #13
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5 Sec.
Rubio, Manuel
2705 W 64th Pl
Hialeah, FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Sec/D
Rubio, Manuel
2705 W 64th Pl
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
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)(k), Florida Statutes. I further certify that the information included on the 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:

Jose Jorge

Jose Jorge Pres/Dir.

(Signature and typed or printed name of signing officer or director)

Title

Daytime Phone #