

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED

96 SEP -6 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 766415 (4)
 1. Corporation Name
 WEST OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 833 WEST AVENUE 833 WEST AVENUE
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 01/06/1983
 3a. Date of Last Report 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2472925	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			30			No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAFFALSKI, PETER
 833 WEST AVE.,
 UNIT 503
 MIAMI BEACH FL 33139

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RAFFALSKI, PETER	1.1 TITLE	President / Director
NAME	833 WEST AVE., UNIT 503	1.2 NAME	PETER RAFFALSKI
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	833 WEST AVE #503
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP	2.1 TITLE	DIRECTOR / SECRETARY
NAME	KNOTT, ROBERT	2.2 NAME	MARIA SALGADO
STREET ADDRESS	833 WEST AVE., #404	2.3 STREET ADDRESS	833 WEST AVE #405
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TD	3.1 TITLE	
NAME	ARCAS, MIGUEL	3.2 NAME	
STREET ADDRESS	833 WEST AVENUE, #201	3.3 STREET ADDRESS	300001956988
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	-09/25/96--01092--023
TITLE	D	4.1 TITLE	
NAME	MESA, LUZ	4.2 NAME	
STREET ADDRESS	833 W. AVE., #502	4.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(k), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8/5/96
 Daytime Phone #: 305-789-5012

CR2E037 (3/96)