


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767927** (7)

1. Corporation Name

**LAS HADAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**4345 W 12 LANE, APT A  
HIALEAH FL 33012**

Mailing Address

**4345 W 12 LANE, APT A  
HIALEAH FL 33012-5976**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1983</b>		3a. Date of Last Report <b>01/25/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2339700</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KUPERMAN, MARC A  
1320 SOUTH DIXIE HIGHWAY  
SUITE 811  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRERO, EDEL E.</b>	1.2 NAME	
STREET ADDRESS	<b>4345 W 12 LANE APT A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, DAMASO</b>	2.2 NAME	
STREET ADDRESS	<b>4375 W 12TH LANE #C</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, NOYDE</b>	3.2 NAME	
STREET ADDRESS	<b>4415 W 12TH LANE #D</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTALES, RAMIRO</b>	4.2 NAME	
STREET ADDRESS	<b>4345 W 12 LANE APT B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAGOMASINO, HUGO J.</b>	5.2 NAME	<b>D GABRIELI N. IZQUIERDO</b>
STREET ADDRESS	<b>4365 W 12 LANE APT B</b>	5.3 STREET ADDRESS	<b>4395 W. 12 LN APT B</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	<b>HIALEAH FL 33012-5976</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Damaso Sanchez-Treasure* - 1-8-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022066

CP2E037 (9/96)