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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731850** (4)

1. Corporation Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186	14275 SW 142ND AVE. MIAMI FL 33186-6715

3. Date Incorporated or Qualified 02/12/1975	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1654125	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARIAS, MARIA
SIEGRFRIED, KIPNIS, RIVERA ET AL
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134**

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBELLO, DARIN	1.2 NAME	Fernando Enriquez
STREET ADDRESS	4708 SW 67 AVE, L-15	1.3 STREET ADDRESS	4718 SW 67 Avenue #B-6
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRELL, LISA	2.2 NAME	Sandra Alvarez
STREET ADDRESS	4724 SW 67 AVE E-11	2.3 STREET ADDRESS	4714 SW 67 Avenue #C-3
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUDE, VIVIAN	3.2 NAME	Tania R. Alvarez
STREET ADDRESS	4728 SW 67 AVE J-2	3.3 STREET ADDRESS	4716 SW 67 Avenue #D-6
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ANA	4.2 NAME	
STREET ADDRESS	419 MINORCA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33155	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNO, MARY JO	5.2 NAME	Clint Davis
STREET ADDRESS	4728 SW 67TH AVE J-1	5.3 STREET ADDRESS	4702 SW 67 Avenue #O-15
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSHNYS, THOMAS	6.2 NAME	
STREET ADDRESS	4732 SW 67TH AVE. K-5	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	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:  SIGNATURE REQUIRED

Date _____ Daytime Phone # **0027836**

CR2E037 (9/96)