


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 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 # **768556** (3)
1. Corporation Name
LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 14275 SW 142 AVE MIAMI FL 33186-6115 US	Mailing Address 14275 SW 142 AVE MIAMI FL 33186-6715 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1983		3a. Date of Last Report 03/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2391202		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TRIAY, CARLOS 999 PONCE DE LEON SUITE 1110 CORAL GABLES FL 33134				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 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	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUBIO, PEDRO			1.2 NAME	KAREN SNIDGR		
STREET ADDRESS	2705 W 64 PLACE			1.3 STREET ADDRESS	6455 W 27AV #12		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	HIALEAH, FL.		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JORGE, JOSE			2.2 NAME	LAZARO AMORES		
STREET ADDRESS	2725 W 64TH PLACE #24			2.3 STREET ADDRESS	6455 W 27 AV #13		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	HIALEAH, FL.		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANCIO BELLO, GUILLERMO			3.2 NAME	ELFREN OLIVARI		
STREET ADDRESS	14538 S.W. 119 AVE.			3.3 STREET ADDRESS	6485W 27AV #23		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	HIALEAH, FL.		
TITLE	KAREN SNIDGR, PD	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	ENRIQUETA FRANQUIZ		
STREET ADDRESS	6455 W 27 AV #12			4.3 STREET ADDRESS	6465 W 27AV #204		
CITY-ST-ZIP	HIALEAH FL			4.4 CITY-ST-ZIP	HIALEAH, FL.		
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAZARO AMORES			5.2 NAME			
STREET ADDRESS	6455 W 27AV #13			5.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL.			5.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELFREN OLIVARI			6.2 NAME			
STREET ADDRESS	6485W 27AV #23			6.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL			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:  2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)