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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

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

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



3. Date Incorporated or Qualified

04/13/1983

4. FEI Number

59-2339700

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

KUPERMAN, MARC A

82 Street Address (P.O. Box Number is Not Acceptable)

7695 S.W. 104 STREET

83

SUITE 210

84 City

MIAMI

FL

85 Zip Code

33156

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 ☐ DELETE

NAME **P**
MARRERO, EDEL E.
STREET ADDRESS **4345 W 12 LANE APT A**
CITY-ST-ZIP **HIALEAH, FL 00000**

TITLE ☐ DELETE

NAME **VT**
SANCHEZ, DAMASO
STREET ADDRESS **4375 W 12TH LANE #C**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **SD**
GONZALEZ, NOYDE
STREET ADDRESS **4415 W 12TH LANE #D**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **D**
COSTALES, RAMIRO
STREET ADDRESS **4345 W 12 LANE APT B**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **D**
IZQUIERDO, GABRIELI N.
STREET ADDRESS **4395 WEST 12 LANE - APARTMENT B**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

1-10-98 (305)558-4808

CR2E037 (10/97)