

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **717061 (6)**  
1. Corporation Name  
**THREE HORIZONS, SOUTH, CONDOMINIUM, INC.**



Principal Place of Business: **1465 NE 123RD STREET NORTH MIAMI FL 33161**  
Mailing Address: **1465 NE 123RD STREET - PH-17 NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **08/28/1969**  
3a. Date of Last Report: **03/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1438437</b>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KLEIN, LARRY</b> <b>1465 NE 123 ST #212</b> <b>NORTH MIAMI FL 33161</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					<b>FL</b>		

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, LARRY		1.2 NAME	Alexandra I. Mirabal	
STREET ADDRESS	1465 NE 123RD ST. #212		1.3 STREET ADDRESS	1405 NE 123rd St PH-15	
CITY - ST - ZIP	NORTH MIAMI FL 33161		1.4 CITY - ST - ZIP	N. Miami, FL. 33161	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBIETTA, BILL		2.2 NAME	Sergio Izquierdo	
STREET ADDRESS	1465 NE 123RD ST. #407		2.3 STREET ADDRESS	1405 NE 123rd St #511	
CITY - ST - ZIP	NORTH MIAMI FL 33161		2.4 CITY - ST - ZIP	N. Miami, FL. 33161	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAN, SHERIDAN		3.2 NAME	Anthony Rucins	
STREET ADDRESS	1465 NE 123RD ST. #401		3.3 STREET ADDRESS	1465 NE 123rd St. #609	
CITY - ST - ZIP	NORTH MIAMI FL 33161		3.4 CITY - ST - ZIP	N. Miami, FL. 33161	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, EVELYN		4.2 NAME	Michelle Izquierdo	
STREET ADDRESS	1465 NE 123RD ST. #711		4.3 STREET ADDRESS	1405 NE 123rd St #511	
CITY - ST - ZIP	NORTH MIAMI FL 33161		4.4 CITY - ST - ZIP	N. Miami, FL. 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINUCCI, JOHN		5.2 NAME	Alejandra Hernangomez	
STREET ADDRESS	1465 NE 123RD ST. #306		5.3 STREET ADDRESS	1405 NE 123rd St. #715	
CITY - ST - ZIP	NORTH MIAMI FL 33161		5.4 CITY - ST - ZIP	N. Miami, Florida 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, ALEX		6.2 NAME	HARRISON Fleming	
STREET ADDRESS	1465 NE 123RD ST. #216		6.3 STREET ADDRESS	1405 NE 123rd St	
CITY - ST - ZIP	NORTH MIAMI FL 33161		6.4 CITY - ST - ZIP	N. Miami	

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: *Alexandra I. Mirabal* **Alexandra I. Mirabal** 2/23/96 (305) 891-5207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E037 (12/95)