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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . '

DOCUMENT #

717061

(6)

THREE HORIZONS, SOUTH, CONDOMINIUM, INC.

Principal Place of Business Mailing Address 1465 NE 123RD STREET 1465 NE 123RD STREET NORTH MIAMI FL 33161 NORTH MIAMI FL 33161-6054 3. Date incorporated or Qualified 3a. Date of Last Report 02/29/1996 08/28/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1438437 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KLEIN, LARRY 82 Street 1465 NE 123 ST #212 83 NORTH MIAM! FL 33161 84 City MM) 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 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 amount of the corporation of the co 11. Pursuant loth office or SIGNATU and title if applicable (NOTE Registered Agent signature required when reinstating) 96/6 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Aresident Rose Firko change TITLE 1.1 TITLE MIRABAL, ALEXANDRA I. 1465 NE 128 ST # 504 1.2 NAME NAME 1465 NE 123RD ST, PH-15 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP n miami fl 1.4 CITY-ST-ZIP Treasurer Coldstein TELETE Addition TITLE VPD 2.1 TITLE NAME IZQUIEDO, SERVIO 2.2 NAME 1465 NE 123 St. # 708 STREET ADDRESS 1465 NE 123RD ST #511 2.3 STREET ADDRESS N. Miami CITY - ST - ZIP n maimi fl 2. 4 CITY-ST-ZIP DELETE ustary-Change 3.1 TITLE TITLE JAVANSON ROCHS, ANTHONY NAME 3.2 NAME 1465 NE 123RD ST #609 3.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-7IP 4.1 TITLE TITLE 4. 2 NAME NAME IZQUIERDO, MICHELLE 1465 NE 123RD ST #511 4.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE HERNANGOMEZ, ALEJANDRA 52 NAME NAME 1465 NE 123RD ST #715 5.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 5.4 CITY-ST-ZIP CITY - ST - ZIP 6.1 TITLE Change Addition TITLE FLEMING, HARRISON 6.2 NAME NAME 1465 NE 123RD ST 63 STREET ADDRESS STREET ADDRESS NORTH MIAMI 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 of Block 3 if changes, or op an attachment with an address.

SIGNATURE:

THE AND TYPES OF PRINTED HAVE OF SIGNAMO OFFICER OF PRINTED

Date Daytime Phone # n

FILED

Feb 07 1997 8:00am

Secretary of State