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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717061

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
NORTH MIAMI FL 33161



2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
08/28/1969

4. FEI Number
59-1438437

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GOLDSTEIN, PAMELA
1465 NE 125TH STREET #708
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Same
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 [Signature] President

DATE 2/8/99

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ARTURO PAUWELS
STREET ADDRESS	1465 NE 123RD ST #502
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	P GOLDSTEIN, PAMELA
STREET ADDRESS	1465 NE 123RD STREET #708
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S JANE ROSEN RODRIGUEZ
STREET ADDRESS	1465 NE 123RD ST #812
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP EVELYN JORDAN
STREET ADDRESS	1465 NE 123RD ST
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T ALEJANDRA HERNANGOMEZ
STREET ADDRESS	1465 NE 123RD ST #715
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	D DANIEL OZUNA
STREET ADDRESS	1465 NE 123RD ST #506
CITY-ST-ZIP	NORTH MIAMI FL 33161

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arturo Pauwels	
1.3 STREET ADDRESS	1465 NE 123 St. #502	
1.4 CITY-ST-ZIP	N. Miami, FL 33161	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charlotte Kaplowitz	
3.3 STREET ADDRESS	1465 NE 123 St. #805	
3.4 CITY-ST-ZIP	N. Miami, FL 33161	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alejandra Hernandez	
4.3 STREET ADDRESS	1465 NE 123 St. #715	
4.4 CITY-ST-ZIP	N. Miami, FL 33161	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fernando DeJuan	
5.3 STREET ADDRESS	1465 NE 123 St. #514	
5.4 CITY-ST-ZIP	N. Miami, FL 33161	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/8/99 DAYTIME PHONE # 305-891-5201

CR2E037 (1/198)