

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996 8/14/96



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

DOCUMENT # 718612 (5)  
 1. Corporation Name  
 CARLYLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 7925 CARLYLE AVE 7925 CARLYLE AVE  
 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 L.M. Quality Mgmt	26 4001 N.W. 5 St	06/02/1970	05/26/1995
22 Suite, Apt. #, etc. 4001 NW 5 St.	27	4. FEI Number	Applied For
23 City & State Miami FL	28 City & State Miami FL	59-1445043	Not Applicable
24 Zip 33126	29 Zip 33126	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country Dade	30 Country Dade	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TORRECILLAS, FRED 7925 CARLYLE AVE #401 MIAMI BEACH FL 33141		81 Name LUZMARY NUNEZ	
		82 Street Address (P.O. Box Number is Not Acceptable) 4001 N.W. 5 St.	
		83	
		84 City Miami	
		FL 85 Zip Code 33126	
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	
<i>[Signature]</i>		8/1/96	

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, BETTY	
STREET ADDRESS	7925 CARLYLE AVE #404	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOGDANA, STYLA ADAMS	
STREET ADDRESS	7925 CARLYLE AVE #201	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDRO, ALFONSO	
STREET ADDRESS	7925 CARLYLE AVE #202	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Pedro Alfonso 8/1/96 541-1245  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)