

MP

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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: C/O L.M. QUALITY MANAGEMENT, 4001 NW 5 STREET, MIAMI FL 33126 US
Mailing Address: 4001 NW 5TH STREET, MIAMI FL 33126 US

3. Date Incorporated or Qualified: 06/02/1970
4. FEI Number: 59-1445043
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: NUNEZ, LUZMARY, 4001 NW 5TH STREET, MIAMI FL 33126

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELVIRA STAVILE	
1.3 STREET ADDRESS	7925 CARLYLE AVE #	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR PEDRO ALFONSO	
2.3 STREET ADDRESS	7925 CARLYLE AVE #	
2.4 CITY-ST-ZIP	MIAMI BEACH	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEDRO ALFONSO	
3.3 STREET ADDRESS	7925 CARLYLE AVE #202	
3.4 CITY-ST-ZIP	MIAMI BEACH FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 in an attachment with an address.

SIGNATURE: *Pedro Alfonso* 4/1/98 (305) 865-8718

CR2E037 (10/97)