


FILED
May 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718612

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
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 06/02/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1445043
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Luzmary Nunez DATE 4/15/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	STABLE, ELVIRA 7925 CARLYLE AVE., #303 MIAMI BEACH FL 33141	1.1 TITLE	
TITLE PD	ENRIQUEZ, YRIS 7925 CARLYLE AVE., APT. #202 MIAMI BEACH FL 33141	2.1 TITLE	
TITLE SD	MENCIA, DANIEL 7925 CARLYLE AVE., APT. #204 MIAMI BEACH FL 33141	3.1 TITLE	
TITLE		4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

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 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 the report, or on an attachment with an address, with all other like empowered.

Firma

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Yris Enriquez
 IRIS ENRIQUEZ

4/15/99 305 865 8718
Date Daytime Phone #

CR2E037 (1/198)