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May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 728410 (2)  
Corporation Name  
ANDALUSIA CONDOMINIUM CORP.



Principal Place of Business: L.M. QUALITY MGMT, 4001 NW 5 ST, MIAMI FL 33144  
Mailing Address: P.O. BOX 440915, MIAMI FL 33144

3. Date Incorporated or Qualified: 12/07/1973  
4. FEI Number: 59-1550209  
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  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business: 1111 KANG CONCOURSE, Suite, Apt. #, etc. 504, City, State: DAY HARBOR FL., Zip: 33154, Country: DADD  
22. Mailing Address: 1111 KANG CONCOURSE, Suite, Apt. #, etc. 504, City, State: DAY HARBOR FL., Zip: 33154, Country: DADD

9. Name and Address of Current Registered Agent: NUNEZ, LUZMARY, 4001 N.W. 5 ST, MIAMI FL 33126

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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] DATE: 4-4-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SAAVEDRA, MARIO	
STREET ADDRESS	6200 W. FLAGLER ST., #410	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SAN JUAN, ELOY	
STREET ADDRESS	6200 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BARTARRACHEA, MARTA	
STREET ADDRESS	6200 W. FLAGLER STRET	
CITY-ST-ZIP	MIAMI FL 33144	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Overlinda Rodriguez	
1.3 STREET ADDRESS	6200 W. Flagler St	
1.4 CITY-ST-ZIP	MIAMI FL 33144	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAN JUAN ELOY	
2.3 STREET ADDRESS	6200 W FLAGLER ST.	
2.4 CITY-ST-ZIP	MIAMI FL 33144	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARTARRACHEA MARTA	
3.3 STREET ADDRESS	6200 W FLAGLER ST	
3.4 CITY-ST-ZIP	MIAMI FL 33144	
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 on an attachment with an address.

SIGNATURE: ELOY SAN JUAN, [Signature] (205) 865 8718

CR2E037 (10/97)