

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 728854 (1)**  
1. Corporation Name  
**CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1750 W. 46 STREET HIALEAH FL 33012**

3. Date Incorporated or Qualified **02/18/1974** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **1750 W. 46 ST. #546** 26 **SOME OS (21)**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Office Room** 27 **SOME OS (22)**  
City & State City & State  
23 **Hialeah - Florida** 28 **SOME OS (23)**  
Zip Country Zip Country  
24 **33012** 25 **USA** 29 **33012** 30 **USA**

4. FEI Number **59-1560240** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ISLA, LUNIANO**  
**1800 WEST 49TH ST**  
**PH 316**  
**HIALEAH, 33012**

*No*

81 Name **NONE**  
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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEDEL, CESAR</b>	
STREET ADDRESS	<b>1750 W 46TH ST #234</b>	
CITY - ST - ZIP	<b>HIALEAH, FL 00000</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMEJO, JOSE</b>	
STREET ADDRESS	<b>1750 W 46 ST APT #117</b>	
CITY - ST - ZIP	<b>HIALEAH, FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOPEZ, GILBERTO</b>	
STREET ADDRESS	<b>1750 W 46 ST #323</b>	
CITY - ST - ZIP	<b>HIALEAH, FL 00000</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRAVO, JOSEPHINE</b>	
STREET ADDRESS	<b>1750 W 46TH ST #533</b>	
CITY - ST - ZIP	<b>HIALEAH, FL 33012</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALEJO, CESAR</b>	
STREET ADDRESS	<b>1750 W 46 ST #510</b>	
CITY - ST - ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Carlos Valdes</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>1750 W. 46 ST. #.321</b>	
1.3 STREET ADDRESS	<b>Hialeah - Fla - 3302</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>VP Alberto Diaz</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>1750 W. 46 ST # 113</b>	
2.3 STREET ADDRESS	<b>Hialeah - Fla - 33012</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>SD Antonio Olivero</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>1750 W. 46 ST # 406</b>	
3.3 STREET ADDRESS	<b>Hialeah - Fla - 33012</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>TD Esvelda Rodriguez</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>1750 W. 46 ST # 517</b>	
4.3 STREET ADDRESS	<b>Hialeah - Fla - 33012</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>D Jose L. Sanchez</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>1750 W. 46 ST # 442</b>	
5.3 STREET ADDRESS	<b>Hialeah - Fla - 33012</b>	
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 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: *Carlos Valdes* **CARLOS Valdes 1-19-96 305-6859505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)