

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90245 044 \*\*\*\*61.25

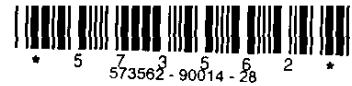
NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



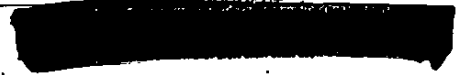
DOCUMENT # 728854

1. Corporation Name  
**CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1750 W. 48TH ST. SUITE 548 HIALEAH FL 33012 US

Mailing Address: 1750 W. 48TH ST. SUITE 548 HIALEAH FL 33012 US



2. Principal Place of Business: 1750 W-46 ST. Suite, Apt. #, etc. 546 City & State: Hialeah-Fla Zip: 33012 Country: DADE USA

2a. Mailing Address: SAME City & State: SAME Zip: SAME Country: USA

3. Date Incorporated or Qualified: 02/18/1974

4. FEI Number: 59-1560240 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent: VALDES, CARLOS 1750 W. 48TH ST. APT. 321 HIALEAH FL 33012

8. Name and Address of New Registered Agent: B1 Name: Carlos Valdes B2 Street Address: 1750 W-46 St - # 321 B3 City: Hialeah-Florida B4 Zip Code: 33012 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* President & Agent DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, CARLOS	D ①	1.2 NAME		
STREET ADDRESS	1754 W 48TH ST 321		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ALBERTO	D ②	2.2 NAME		
STREET ADDRESS	1750 W 48TH ST 113		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERA, ANTONIO	D ③	3.2 NAME		
STREET ADDRESS	1750 W 48TH ST 408		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	RODR	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGUEZ, OSVALDO	T ④	4.2 NAME		
STREET ADDRESS	1750 W 48TH ST 517		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Miguel Acosta	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE L	X X	5.2 NAME		
STREET ADDRESS	1750 W 48TH ST 442		5.3 STREET ADDRESS	1750 W-46 St - # 321	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	Hialeah-Fla-33012	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(c), 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 when appointed, with all other persons empowered.

SIGNATURE: *[Signature]* DATE: 1-25-99

CR2E037 (1/198)