

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 # 731850 (4)

1. Corporation Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O MIAMI MANAGEMENT, 14538 S.W. 119 AVENUE, MIAMI FL 33186
Mailing Address: 14275 SW 142ND AVE., MIAMI FL 33186

3. Date Incorporated or Qualified: 02/12/1975
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-1654125
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SKRLD, INCORPORATION
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL. FL 33134

10. Name and Address of New Registered Agent
81 Name: Maria Arias
82 Street Address (P.O. Box Number is Not Acceptable): Siegrfried, Kipnis, Rivera et al
83 City: 201 Alhambra Circle Suite#1102
84 City: Coral Gables, FL 85 Zip Code: 33134

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 agent 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: _____ DATE: _____
(NOTE: Registered Agent Signature required when renewing)

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SOULSON, BONITA BELL STREET ADDRESS: 4704 SW 67TH AVE. N-4 CITY-ST-ZIP: MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE
TITLE: V NAME: ABRELL, LISA STREET ADDRESS: 4724 SW 67 AVE., E-11 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> DELETE
TITLE: T NAME: HOERNER, JUDITH STREET ADDRESS: 4710 SW 67TH AVE. H-1 CITY-ST-ZIP: MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: ANDERSON, ANA STREET ADDRESS: 419 MINORCA AVE CITY-ST-ZIP: CORAL GABLES FL 33155	<input type="checkbox"/> DELETE
TITLE: D NAME: BRUNO, MARY JO STREET ADDRESS: 4728 SW 67TH AVE. J-1 CITY-ST-ZIP: MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: GRUSHNYS, THOMAS STREET ADDRESS: 4732 SW 67TH AVE. K-5 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
1.1 TITLE: D 1.2 NAME: DeBello, Darin 1.3 STREET ADDRESS: 4708 SW 67 Ave, L-15 1.4 CITY-ST-ZIP: Miami, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: P 2.2 NAME: Abrell, Lisa 2.3 STREET ADDRESS: 4724 SW 67 Ave., E-11 2.4 CITY-ST-ZIP: Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: T 3.2 NAME: Vivian Gude 3.3 STREET ADDRESS: 4728 SW 67 Ave., J-2 3.4 CITY-ST-ZIP: Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: VP 5.2 NAME: Bruno, Mary JO 5.3 STREET ADDRESS: 4728 SW 67th Ave. J-1 5.4 CITY-ST-ZIP: Miami, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D 6.2 NAME: Pujol, Pedro 6.3 STREET ADDRESS: 4714 SW 67 Ave C-6 6.4 CITY-ST-ZIP: Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lisa Abrell 3/8/96 (305) 854-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)