

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 731850 (4)

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



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|---|---|
| Principal Place of Business C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186 | Mailing Address 14275 SW 142ND AVE. MIAMI FL 33186-6715 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/12/1975 | 3a. Date of Last Report 03/28/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---------------------------------------|
| 4. FEI Number 59-1654125 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ARIAS, MARIA
SIEGRFRIED, KIPNIS, RIVERA ET AL
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DEBELLO, DARIN | |
| STREET ADDRESS | 4708 SW 67 AVE, L-15 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | ABRELL, LISA | |
| STREET ADDRESS | 4724 SW 67 AVE E-11 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GUDE, VIVIAM | |
| STREET ADDRESS | 4728 SW 67 AVE J-2 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, ANA | |
| STREET ADDRESS | 419 MINORCA AVE | |
| CITY - ST - ZIP | CORAL GABLES FL 33155 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | BRUNO, MARY JO | |
| STREET ADDRESS | 4728 SW 67TH AVE J-1 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GRUSHNYS, THOMAS | |
| STREET ADDRESS | 4732 SW 67TH AVE. K-5 | |
| CITY - ST - ZIP | MIAMI FL 33155 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Fernando Enriquez | |
| 1.3 STREET ADDRESS | 4718 SW 67 Avenue #B-6 | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Sandra Alvarez | |
| 2.3 STREET ADDRESS | 4714 SW 67 Avenue #C-3 | |
| 2.4 CITY - ST - ZIP | Miami, Florida 33155 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Tania R. Alvarez | |
| 3.3 STREET ADDRESS | 4716 SW 67 Avenue #D-6 | |
| 3.4 CITY - ST - ZIP | Miami, Florida 33155 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Clint Davis | |
| 5.3 STREET ADDRESS | 4702 SW 67 Avenue #O-15 | |
| 5.4 CITY - ST - ZIP | Miami, Florida 33155 | |
| 6.1 TITLE | SD | <input checked="" 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 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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)