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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 731850 (4)  
1. Corporation Name  
OASIS - A CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 02/12/1975  
4. FEI Number 59-1654125 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 C/O Courtesy Prop Mgmt Suite, Apt. #, etc. 26 Courtesy Prop Mgmt. Suite, Apt. #, etc.  
22 9380 SUNSET DR B-250 City & State 27 9380 SUNSET DR B-250 City & State  
23 MIAMI, FL 33173 28 MIAMI, FL 33173  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired [X] \$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? [X] Yes [ ] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] 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 WILLIAM MOTYCZKA, ESO  
82 Street Address (P.O. Box Number is Not Acceptable) 13410 SW 128 STREET  
83 MIAMI, FL. 33186  
84 City 85 Zip Code FL

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]* DATE 1/14/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD NAME ENRIQUEZ, FERNANDO STREET ADDRESS 4718 SW 67TH AVE B-6 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE VPD NAME ALVAREZ, SANDRA STREET ADDRESS 4714 SW 67 AVE, #C-3 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE T NAME GUDE, VIVIAN STREET ADDRESS 4728 SW 67 AVE J-2 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE D NAME ANDERSON, ANA STREET ADDRESS 419 MINORCA AVE CITY-ST-ZIP CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME ALVAREZ, TANIA R STREET ADDRESS 4716 SW 67 AVE, #-6 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE SD NAME GRUSHNYS, THOMAS STREET ADDRESS 4732 SW 67TH AVE. K-5 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP/D 1.2 NAME FONTICIELLA, NELDA 1.3 STREET ADDRESS 4722 SW 67 AVENUE, #A-11 1.4 CITY-ST-ZIP MIAMI, FL. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D 2.2 NAME ALVAREZ, SANDRA 2.3 STREET ADDRESS 4714 SW 67 AVENUE, #C-3 2.4 CITY-ST-ZIP MIAMI, FL. 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE D 3.2 NAME VERA, ESPERANZA 3.3 STREET ADDRESS 4708 SW 67 AVENUE, #L-5 3.4 CITY-ST-ZIP MIAMI, FL. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE P 4.2 NAME BRUNO, MARY JO 4.3 STREET ADDRESS 4728 SW 67 AVENUE #J-1 4.4 CITY-ST-ZIP MIAMI, FLORIDA 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 2/15/98

CR2E037 (10/97)