

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **738645** (1)
1. Corporation Name
LEJEUNE HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
95 JAN 25 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% ASTRO CONDO SERVICES, INC
7301 NW 41 ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1977** 3a. Date of Last Report **01/24/1994**
4. FEI Number **59-1807391** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 27 City & State
24 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
REY, LOUIS A.
7301 N.W. 41ST STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LOUIS A. REY DATE 1/16/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	FD
NAME	HERNANDEZ, RAUL
STREET ADDRESS	300 N. W. 42 AVENUE #805
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	PEREZ, J.M.
STREET ADDRESS	300 NW 42 AVE #812
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	T
NAME	COMAS, CELIA
STREET ADDRESS	300 NW 42 AVENUE #612
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	GREEN, GARCIA
STREET ADDRESS	300 N.W. 42ND AVE. SUITE 405
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ARRIETA, JESUS
STREET ADDRESS	300 NW 42 AVE #801
CITY - ST - ZIP	MIAMI FL
TITLE	SP P
NAME	LOINAZ, MIRENTXU
STREET ADDRESS	300 NW 42 AVENUE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	NELLY JUSTI
4.4 CITY - ST - ZIP	300 N W 42ND AVE # 410 MIAMI, FL 33126
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 110.07(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: Mirentxu L. Loinaz DATE 1/17/95 443-0684
Signature (Print Name)
MIRENTXU L LOINAZ - PRESIDENT