

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



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

3. Date Incorporated or Qualified: **04/12/1977**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1807391**
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

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 (81-85)
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: *[Signature]* **LOUIS A. REY** DATE: **2/01/96**

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, RAUL	
STREET ADDRESS	300 N. W. 42 AVENUE #805	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, J.M.	
STREET ADDRESS	300 NW 42 AVE #812	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COMAS, CELIA	
STREET ADDRESS	300 NW 42 AVENUE #612	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUSTI, NELLY	
STREET ADDRESS	300 NW 42ND AVE #410	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARRIETA, JESUS	
STREET ADDRESS	300 NW 42 AVE #801	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIRENTXU LOINAZ	
1.3 STREET ADDRESS	300 NW 42 AVE #202	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NELLY JUSTI	
2.3 STREET ADDRESS	300 NW 42 AVE #410	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CELA COMAS	
3.3 STREET ADDRESS	300 NW 42 AVE #612	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUCIANO GONZALEZ	
4.3 STREET ADDRESS	300 NW 42 AVE #610	
4.4 CITY-ST-ZIP	MIAMI, FL 33126	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JESUS ARRIETA	
5.3 STREET ADDRESS	300 NW 42 AVE #801	
5.4 CITY-ST-ZIP	MIAMI, FL 33126	
6.1 TITLE	40000174658	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/18/96--01035--003	
6.3 STREET ADDRESS	***61.25	
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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95) PS 3/18/96