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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738645

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/12/1977

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

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 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)

1/7/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME LOINAZ, MIRENTXU
 STREET ADDRESS 300 N. W. 42 AVENUE #202
 CITY-ST-ZIP MIAMI FL 33126

TITLE S DELETE

NAME JUSTI, NELLY
 STREET ADDRESS 300 NW 42 AVE #410
 CITY-ST-ZIP MIAMI FL 33126

TITLE T DELETE

NAME COMAS, CELIA
 STREET ADDRESS 300 NW 42 AVENUE #612
 CITY-ST-ZIP MIAMI FL

TITLE D DELETE

NAME GONZALEZ, LUCIANO
 STREET ADDRESS 300 NW 42ND AVE #610
 CITY-ST-ZIP MIAMI FL 33126

TITLE D DELETE

NAME ARRIETA, JESUS
 STREET ADDRESS 300 NW 42 AVE #801
 CITY-ST-ZIP MIAMI FL 33126

TITLE D DELETE

NAME RUIX, CONSUELO
 STREET ADDRESS 300 N.W. 42 AVE.
 CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
 COMAS, CELIA
 300 NW 42 AVE #612
 MIAMI, FL 33126

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
 ENNIO GONZALEZ
 300 N.W. 42 AVE #412
 MIAMI, FL 33126

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
 RUIX, CONSUELO
 300 NW 42 AVE
 MIAMI, FL 33126

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

CR2E037 (1/98)