

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747594 (0)  
1. Corporation Name  
PINE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % J & M CONDO MANAGEMENT & MAINTENANCE INC 221 SW 22ND AVENUE SUITE 219 MIAMI FL 33135	Mailing Address % J & M CONDO MANAGEMENT & MAINTENANCE INC 221 SW 22ND AVENUE SUITE 219 MIAMI FL 33135-1544
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3. Date Incorporated or Qualified 06/12/1979	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21 275 Fontainebleau Blvd Suite, Apt. #, etc. 22 200 City & State 23 Miami FL Zip 24 33172 Country 25 US	2a. Mailing Address 26 275 Fontainebleau Blvd. Suite, Apt. #, etc. 27 200 City & State 28 Miami Florida Zip 29 33172 Country 30 US
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4. FEI Number 59-2023110	Applied For Not Applicable
5. Certificate of Status Desired <input 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  
ALVAREZ, NESTOR PA  
3971 SW 8TH ST  
#209  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BRITO, JESUS	1.2 NAME	ADRIA WENZ JOE
STREET ADDRESS	8879-A FONTAINEBLEAU BLVD	1.3 STREET ADDRESS	8881-0 Fontainebleau Blvd. #102
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, FL. 33172
TITLE	SD	2.1 TITLE	SD
NAME	DECUBAS, LUIS	2.2 NAME	CARLOS Felix
STREET ADDRESS	8881A FONTAINEBLEAU BLVD, STE 501	2.3 STREET ADDRESS	8881-B Fontainebleau Blvd. #501
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, FL. 33172
TITLE	VD	3.1 TITLE	VD
NAME	FELIX, CARLOS	3.2 NAME	MARILYN Yunis
STREET ADDRESS	8881-B FONTAINEBLEAU BLVD #501	3.3 STREET ADDRESS	8885-0 Fontainebleau Blvd #205
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Miami, FL. 33172
TITLE	TD	4.1 TITLE	TD
NAME	RODRIGUEZ, JUAN J	4.2 NAME	Jacob Rivera
STREET ADDRESS	8877-B FONTAINEBLEAU BLVD #102	4.3 STREET ADDRESS	8877-0 Fontainebleau Blvd. #103
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	Miami, FL. 33172
TITLE	D	5.1 TITLE	D
NAME	ZARZA, GUILLERMO	5.2 NAME	MARIA Keanchong
STREET ADDRESS	8877-A FONTAINEBLEAU BLVD #108	5.3 STREET ADDRESS	8883 Fontainebleau Blvd. #202
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	D	6.1 TITLE	
NAME	MATYIN, MIREYA	6.2 NAME	
STREET ADDRESS	8885 FONTAINEBLEAU BLVD #104	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADRIA WENZ JOE	
1.3 STREET ADDRESS	8881-0 Fontainebleau Blvd. #102	
1.4 CITY-ST-ZIP	Miami, FL. 33172	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARLOS Felix	
2.3 STREET ADDRESS	8881-B Fontainebleau Blvd. #501	
2.4 CITY-ST-ZIP	Miami, FL. 33172	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARILYN Yunis	
3.3 STREET ADDRESS	8885-0 Fontainebleau Blvd #205	
3.4 CITY-ST-ZIP	Miami, FL. 33172	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacob Rivera	
4.3 STREET ADDRESS	8877-0 Fontainebleau Blvd. #103	
4.4 CITY-ST-ZIP	Miami, FL. 33172	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIA Keanchong	
5.3 STREET ADDRESS	8883 Fontainebleau Blvd. #202	
5.4 CITY-ST-ZIP	Miami, FL 33172	
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 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. Changed or on attachment with an address.

SIGNATURE: \_\_\_\_\_

8/15/97

CR2E037 (9/96)