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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751818

1. Corporation Name
TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1716 S.W. 136 PL. MIAMI FL 33175	Mailing Address 1716 S.W. 136 PL. MIAMI FL 33175
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2070616
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IBRAHIM, ODALYS M PA OCEAN BANK BLDG 782 N W LEJEUNE RD #440 MIAMI FL 33126		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, 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	TPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, HECTOR B	1.2 NAME	JUAN LUGO
STREET ADDRESS	1716 SW 136 PL	1.3 STREET ADDRESS	1487 SW 136 pl.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33184
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	GONZALO VILLENIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALAL, IGBAL Y	2.2 NAME	GONZALO VILLENIA
STREET ADDRESS	1666 S.W. 136 PL.	2.3 STREET ADDRESS	1526 SW 136 PL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA 33184
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENIGNO, MENESES	3.2 NAME	DARIO BOERGE
STREET ADDRESS	1407 SW 136 PL	3.3 STREET ADDRESS	1707 SW 136 PL
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLA 33175
TITLE	VTD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	REINALDO AQUIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, ANA	4.2 NAME	REINALDO AQUIT
STREET ADDRESS	1647 SW 136 PL	4.3 STREET ADDRESS	1607 SW 136 PL
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLA 33175
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	RAFAEL DIAZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	RAFAEL DIAZ
STREET ADDRESS		5.3 STREET ADDRESS	1657 SW 136 PL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FLA. 33175
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] 3/20/99 (305) 554-6567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #