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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752531 (4) 1. Corporation Name TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6625 W. 4TH AVENUE #238 HIALEAH FL 33012 US		Mailing Address 6625 W. 4TH AVENUE #238 HIALEAH FL 33012-6677 US	
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 05/19/1980		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-2151806		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent MILANES, DOLORES 6625 W 4TH AVE #203 HIALEAH FL 33012		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELANES, DOLORES 6625 W 4TH AVE #203 HIALEAH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD MILANES, DOLORES 6625 W. 4TH AVE #203 HIALEAH - FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEREZ, GERARDO 6625 W. 4TH AVE APT #114 HIALEAH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TD PEREZ, GERARDO 6625 W. 4TH AVE. #114 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POSADA, ALBERTO 6625 W 4TH AVE #110 HIALEAH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD POSADA, ALBERTO 6625 W. 4TH AVE. #110 HIALEAH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	[Empty]
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 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> / DOLORES MILANES PRESIDENT 4/2/97 (305) 828-1788 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022853			

CR2E037 (9/96)