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Jan 29, 1999 8:00am

**Secretary of State** 

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FLORIDA DEPARTMENT OF STATE

... Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 752531

CITY-ST-ZIP

TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	······································				
6625 W. 4TH A	AVENUE .	6625 W. 4TH AVEN	IUE		1 (03))) (38	DI BENDE KIRAN BEKRA KIRAN KIRAN BARA		11 <b>819</b> 11 1 <b>58</b> 1
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บร	8	US						
2. Principal P	lace of Business	2a. Mailing Addres	55		3. Date Incorpo 05/19/198	orated or Qualifed		.
21		26						
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		4. FEI Number 59-21518		, <del>, , , , , , , , , , , , , , , , , , </del>	plied For
22		27		<del></del>	33 2 13 10	····	<del></del>	t Applicable
City & Stat	e	City & State		•	5. Certifcate of	Status Desired	\$8.75 A Fee Re	1
23		28		untry				<del></del>
Zip	Country	Zip	·	uriu y	t t	npaign Financing	<b>\$5.00</b> Added t	
24	25	29 29 A Post A Post	30	1	Trust Fund (	Address of New Registe		orees.
<del></del>	9. Name and Address of Curre	nt Registered Agent		81 Name	TO. Hame and A	· · · · · · · · · · · · · · · · · · ·	rea Agont	
	DOLORES			82 Street Ad	dress (P.O. Box Num	ber is Not Acceptable)	•	1
	TH AVE #203			83				
HIALEAH	FL 33012							
	•			84 City			<b>E</b> 1 85 Zip €	Code
grad to see	1.18.5.12	00 1 047 4500 F1		have semed so	maration submits this	estatement for the number	e of changing its	registered
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the obligations.	02 and 617.1508, Florida of Florida. Such change	a Statutes, the a e was authorize	d by the corpora	tion's board of direct	rs. I hereby accept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.05	03, Florida Sta	tutes.		新聞機(報音) 316多/64.6多	·· 新班 新 · 为57.90	51 \$1\$14 1241
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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.