
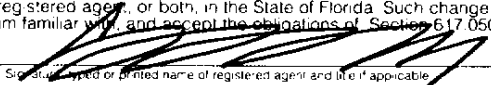
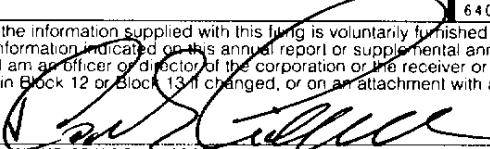


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morjham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754213 (7)			
1. Corporation Name PASEOS CASTELLANOS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PASEOS CASTELLANOS CONDO. ASSOCIATION, INC. 1770 SW. 122 CT. F106 MIAMI, FL. 33175.		Mailing Address <i>c/o.</i> CARLOS A. JIMENO 1770 SW. 122 CT. F106 MIAMI, FL. 33175.	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address <i>c/o.</i> 26 CARLOS A. JIMENO Suite, Apt #, etc. 27 1770 SW. 122 CT. #F106 City & State 28 MIAMI, FL. Zip 29 33175 Country 30	
3. Date Incorporated or Qualified 09/18/1980		3a. Date of Last Report 08/25/1995	
4. FET Number 59-2031391		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CARLOS A. TRIAY, ESQ. 999 PONCE DE LEON BLVD. #1110 CORAL GABLES, FL. 33134.		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:  DATE: 7/22/1996. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D/President JIMENO, CARLOS 1770 SW. 122 CT. F106 MIAMI, FL. 33175.	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D/Treasurer MOLINA, ALVARO 12214 SW. 17 LN. H105 MIAMI, FL. 33175.	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D/V.P. CLEMENTE, SIERRA 1657 SW. 122 CT. C-101 MIAMI, FL. 33175.	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D/Asst. Treasurer GONZALEZ, CARLOS 12214 SW. 17 LN. H101	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D/Secretary REYES, ISABEL 12214 SW. 17 LN. H-108 MIAMI, FL. 33175.	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400001903984 -07/25/96--01020--015 ***61.25
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 		DATE: 7/22/1996. (305) 227-7746 CS 7/25/96	

CR2E037 (12/95)