

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766926 (0)

1. Corporation Name
CONQUISTADOR PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5875 WEST 20TH AVE STE209 HIALEAH FL 33012 US
Mailing Address: 5875 W 20TH AVE STE 214 HIALEAH FL 33012 US

3. Date Incorporated or Qualified: 02/10/1983
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21 5835 W 20th AVENUE
Suite, Apt. #, etc. 22 #110
City & State 23 HIALEAH, FL
Zip 24 33012 Country 25 USA

2a. Mailing Address
26 5875 W 20th AVENUE
Suite, Apt. #, etc. 27 #214
City & State 28 HIALEAH, FL
Zip 29 33012 Country 30 U.S.A.

4. FEI Number: 59-2642696
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
ANDRES PEREZ
5875 W 20 AVE STE 209
HIALEAH FL 33013

10. Name and Address of New Registered Agent
81 Name: MANUEL GONZALEZ SR.
82 Street Address (P.O. Box Number is Not Acceptable): 5835 W 20th AVENUE #110
83 City: HIALEAH
84 City: HIALEAH FL 85 Zip Code: 33012

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: MANUEL GONZALEZ SR. *Manuel Gonzalez Sr.* FEBRUARY 12, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: ANDRES PEREZ STREET ADDRESS: 5875 W 20 AVE STE 209 CITY-ST-ZIP: HIALEAH FL
TITLE: VD <input type="checkbox"/> DELETE	NAME: ADA BARQUIN STREET ADDRESS: 5835 W 20 AVE STE 104 CITY-ST-ZIP: HIALEAH FL
TITLE: TD <input type="checkbox"/> DELETE	NAME: BERTHA ORTEGA STREET ADDRESS: 5835 W 20 AVE #105 CITY-ST-ZIP: HIALEAH FL
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: ENRIQUE SABAS STREET ADDRESS: 5875 W 20 AVE #206 CITY-ST-ZIP: HIALEAH FL
TITLE: VTD <input type="checkbox"/> DELETE	NAME: MANUEL GONZALEZ, SR STREET ADDRESS: 5835 W 20 AVE #110 CITY-ST-ZIP: HIALEAH FL
TITLE: VSD <input type="checkbox"/> DELETE	NAME: GUSTAVE TREICHEL JR STREET ADDRESS: 85 W 20 ST CITY-ST-ZIP: HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MANUEL GONZALEZ SR STREET ADDRESS: 5835 W 20 AVENUE #110 CITY-ST-ZIP: HIALEAH FL 33012
2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GUSTAVE TREICHEL, JR STREET ADDRESS: 85 W 20 ST CITY-ST-ZIP: HIALEAH FL 33010
3.1 TITLE: TD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: BERTHA ORTEGA STREET ADDRESS: 5835 W 20 AVE #105 CITY-ST-ZIP: HIALEAH FL 33012
4.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ADA BARQUIN STREET ADDRESS: 5835 W 20 AVE #104 CITY-ST-ZIP: HIALEAH FL 33012
5.1 TITLE: VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MAXIMO CAMEJO STREET ADDRESS: 5865 W 20 AVE #303 CITY-ST-ZIP: HIALEAH FL 33012
6.1 TITLE: VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ADELINA BISQUET STREET ADDRESS: 5835 W 20 AVE #102 CITY-ST-ZIP: HIALEAH FL 33012

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: MANUEL GONZALEZ SR. *Manuel Gonzalez Sr.* FEB. 12, 1996 (305) 518-4178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)