


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1998 8:00am
Secretary of State

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|---|-----------------|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 768479 (8) 1. Corporation Name ALHAMBRA CONDOMINIUM NO. IV ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O L.M. QUALITY MGMT. P.O. BOX 3538 HIALEAH FL 33012 | | | Mailing Address C/O L.M. QUALITY MGMT. P.O. BOX 3538 HIALEAH FL 33012 | | |
| 2. Principal Place of Business 21 1111 Kane Concourse | | 2a. Mailing Address 26 1111 Kane Concourse | | 3. Date Incorporated or Qualified 05/17/1983 | |
| Suite, Apt. #, etc. 22 504 | | Suite, Apt. #, etc. 27 504 | | 4. FEI Number 65-0134876 | |
| City & State 23 Bay Harbor F | | City & State 28 Bay Harbor FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33154 | | Zip 29 33154 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 Date | | Country 30 Date | | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Name and Address of Current Registered Agent NUNEZ, LUZMARY 4001 N.W. 5 ST. MIAMI FL 33126 | | | 10. Name and Address of New Registered Agent | | |
| 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. | | | 9. Name and Address of New Registered Agent | | |
| SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | DATE 4/6/98 | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | DIAZ, ORESTES | | | | |
| STREET ADDRESS | 2261 W 53 ST #1 | | | | |
| CITY-ST-ZIP | HIALEAH FL | | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | | |
| NAME | VEGA, CAMELIA | | | | |
| STREET ADDRESS | 2261 W 53 ST #3 | | | | |
| CITY-ST-ZIP | HIALEAH FL | | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | | |
| NAME | TORRES, EDUARDO | | | | |
| STREET ADDRESS | 2261 W 53 ST #8 | | | | |
| CITY-ST-ZIP | HIALEAH FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

[Handwritten signatures] Orestes Diaz 04-06-98 (305) 865-8718

CR2E037 (10/97)