

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **770972** (8)
1. Corporation Name
VILLANUEVA CONDOMINIUM ASSOCIATION OF MIAMI, INC



Principal Place of Business Mailing Address
**4505 NW 156 ST.
MIAMI FL 33054** **4505 NW 156 ST.
MIAMI FL 33054**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1983		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 26-3562673		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
RIOS, RAYMOND M. 15600 N.W. 45TH AVENUE OPA LOCKA FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VILLANUEVA, ROBERTO		1.2 NAME				
STREET ADDRESS	280 W. 57TH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CASTILLO, BLANCA		2.2 NAME				
STREET ADDRESS	280 W. 57TH ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VILLANUEVA, HAYDEE		3.2 NAME				
STREET ADDRESS	280 W. 57TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MOROLES, EMILIO		4.2 NAME	Chao, Patricia			
STREET ADDRESS	4505 N.W. 156TH ST.		4.3 STREET ADDRESS	4505 N.W. 156th Street			
CITY-ST-ZIP	OPA LOCKA FL		4.4 CITY-ST-ZIP	Opa Locka, FL 33054			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RIOS, RAYMOND		5.2 NAME				
STREET ADDRESS	15600 N.W. 45TH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	OPA LOCKA FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: **PATRICIA CHAO** *Patricia Chao* **2/21/96** **305 591-6162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
621-8105

CR2E037 (12/95)