

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770972 (8)
 1. Corporation Name
VILLANUEVA CONDOMINIUM ASSOCIATION OF MIAMI, INC



Principal Place of Business 4505 NW 156 ST. MIAMI FL 33054	Mailing Address 4505 NW 156 ST. MIAMI FL 33054
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3. Date Incorporated or Qualified 10/27/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 26-3562673	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current 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 Zip Code
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10. Name and Address of New Registered Agent
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VILLANUEVA, ROBERTO
STREET ADDRESS	280 W. 57TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	CASTILLO, BLANCA
STREET ADDRESS	280 W. 57TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VILLANUEVA, HAYDEE
STREET ADDRESS	280 W. 57TH ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHAO, PATRICIA
STREET ADDRESS	4505 N.W. 158TH ST.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RIOS, RAYMOND
STREET ADDRESS	15600 N.W. 45TH AVE.
CITY-ST-ZIP	OPA LOCKA FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MAYOR, PATRICIA
4.4 CITY-ST-ZIP	4505 N.W. 156 ST OPA LOCKA FL
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: *Patricia Mayor* **PATRICIA MAYOR** 2/17/98 (305) 579-7238

CFR2E037 (10/97)