

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02816** (9)
1. Corporation Name
NARCISSUS 4/2 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7600 W 20 AVE STE 213 HIALEAH FL 33016 US		Mailing Address 7600 W 20 AVE STE 213 HIALEAH FL 33016 US		3. Date Incorporated or Qualified 04/27/1984	3a. Date of Last Report 04/03/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0027203		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DELGADO, RENAN E.
7600 WEST 20TH AVE.
STE 213
HIALEAH FL 33016**

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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, RENAN	12. NAME	
STREET ADDRESS	7600 W 20 AVE, STE 213	13. STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	14. CITY-STATE-ZIP	
TITLE	VSD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ANTONIO	22. NAME	
STREET ADDRESS	7600 W 20 AVE, STE 213	23. STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	24. CITY-STATE-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ALEIDA	32. NAME	
STREET ADDRESS	7600 W 20 AVE	33. STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL 33016	34. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO DELGADO V.D.

3/18/96 (305) 558-6280
Date Phone #

CR2E037 (12/95)