

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 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**
4. FEI Number **65-0027203** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

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 changing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD DELGADO, RENAN**
STREET ADDRESS **7600 W 20 AVE, STE 213**
CITY-STATE-ZIP **HIALEAH FL**
TITLE DELETE
NAME **VSD DELGADO, ANTONIO**
STREET ADDRESS **7600 W 20 AVE, STE 213**
CITY-STATE-ZIP **HIALEAH FL**
TITLE DELETE
NAME **D DELGADO, ALEIDA**
STREET ADDRESS **7600 W 20 AVE**
CITY-STATE-ZIP **HIALEAH FL 33016**
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2. TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3. TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4. TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5. TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6. TITLE Change Addition
62 NAME
63 STREET ADDRESS
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: Antonio Delgado **3/18/96** **(305) 558-6280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
ANTONIO DELGADO VP

CR2E037 (12/95)