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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N04639

(3)

LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINUMANO

	OCIATION, INC.	<u></u>			
Principal Place	of Business	Mailing Address		L INDENINI DIY DAIN DINED DIYUR 1917	O FOIT BIOTE DIDE DIDE DIDE DIDE DIDE
1300 W. 461 Hialeah Fl US		C/O ACTION GENE POST OFFICE BOX HIALEAH FL 33011+ US	110548	Date Incorporated or Qualified	3a. Date of Last Report
2. Dringinal Di				08/09/1984	04/07/1995
2. Principal Pii 1	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo
Suite, Apt.	#, etc	Suite, Apt. #, etc.		59-2665942	Not Applic
2	· · · · · · · · · · · · · · · · · · ·	27		Certificate of Status Desired	\$8.75 Addition Fee Required
— City & State ⊐	!	City & State		6. Election Campaign Financing	\$5.00 May Be
700		28	··	Trust Fund Contribution	Added to Fees
Zip [Country 25	Zip	Country	8. This corporation has fiability for if	
'1	9. Name and Address of Currer	29 Agent	30	Florida Statutes	🗋 Yes 🔣 No
		K Tregistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
RAFAFI	A. NODAL				
	GENERAL SERVICES, CORP		82 Sheet	Addition (P.O. Box Number is Not Acceptable	e)
	49TH PL, SUITE 515		83		
	1 FL 33012				
			84 City		FL 85 Zip Code
1. Pursuant t	o the provisions of Section 2010/502 ed agent, or both, in the Plan of Flori h, and accept the oblightions of Soci	any 6,7,3508, Florida Stat	utes, the above named co	proporation submits this statement for the run	Yosa of changing its registered.
familiar wit	ed agent, or both, in the may of Florid h, and accept the obligations of, Section	Sucuchange was autho	rized by the corporation's	orporation submits this statement for the purp board of directors. Thereby accept the appo	intment as registered agent. La
IGNATURE	1000		RAFAEL 1	A. Nupal	3-12-96
2.		and the hards shield	NCTE Régistració Agent signature re	Appred wher irenstating:	DATE
ILE I	PD OFFICERS ANI		13.	ADDITIONS CHANGES TO OFFI	CERS AND DIRECTORS N 12
	•• /	☐ DELETE	1.1 TITLE	P/D	ED Observe ED 4 cm
AME				1	Change Addit
	SANCHEŹ, ABRAHAM		1.2 NAME	Abraham Sanchez	□] Change □] Addit
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANCHEZ 3-12-96 (305)823-1201