


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # **N04639** (3)

1. Corporation Name

LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM-NO. 3 ASSOCIATION, INC.



Principal Place of Business 1300 W. 46TH ST. HIALEAH FL 33012 US	Mailing Address C/O ACTION GENERAL SERVICES POST OFFICE BOX 110548 HIALEAH FL 33011-0548 US
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3. Date Incorporated or Qualified 08/09/1984
4. FEI Number 59-2665942
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ABRAHAM SANCHEZ 1330 W 46TH ST 17 HIALEAH FL 33012	10. Name and Address of New Registered Agent 81 Name Juan A. Hernandez 82 Street Address (P.O. Box Number is Not Acceptable) 1320 W 46th ST # 23 83 84 City HIALEAH FL 85 Zip Code 33012
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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 Juan A. Hernandez Juan Hernandez 4/23/98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ, ABRAHAM		1.2 NAME HERNANDEZ, JUAN	
STREET ADDRESS 1330 W 46 ST. #17		1.3 STREET ADDRESS 1320 W 46th ST # 23	
CITY-ST-ZIP HIALEAH FL		1.4 CITY-ST-ZIP HIALEAH FL	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUATY, ANDRES		2.2 NAME MADRIGAL, OMAR	
STREET ADDRESS 1330 W 46TH STREET #15		2.3 STREET ADDRESS 1300 W 46th ST # 3	
CITY-ST-ZIP HIALEAH FL		2.4 CITY-ST-ZIP HIALEAH FL	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, JUAN		3.2 NAME GUATY, ANDRES	
STREET ADDRESS 1320 W 46TH STREET #23		3.3 STREET ADDRESS 1330 W 46th ST # 15	
CITY-ST-ZIP HIALEAH FL		3.4 CITY-ST-ZIP HIALEAH FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 Juan A. Hernandez Juan Hernandez 4/23/98 305 223 12 01

CR2E037 (1097)