

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90024 019 ****61.25

1999 **DOCUMENT # N04639**

1. Corporation Name

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

Principal Place of Business
1300 W. 46TH ST.
1300 W. 46TH ST. HIALEAH FL 33012

Mailing Address

C/O ACTION GENERAL SERVICES

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	POST OFFICE BOX 110548 HIALEAH FL 33011-0548 US								
2. Principal f	ncipal Place of Business 2a. Mailing Address			·-	3. Date Incorporated or Qualifed				
21		26			08/09/1984			P 1 =	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number 59-2665942		<u> </u>	Applied For Not Applicable	
22 27					39 2003942	2 Not App			
City & Sta	& State City & State				5. Certifcate of Status Desired		Fee Re	quired	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing		\$5.00		
24	25 29 30				Trust Fund Contribution		Added to	o Fees	
	9. Name and Address of Curren	t Registered Agent	0.4		10. Name and Address of New F	kegistered	Agent		
			81	Name					
	ERNANDEZ, JUAN A 82 Street Add 320 W 46TH ST #23			tress (P.O. Box Number is Not Accepta	able)				
	FL 33012		83	3	· · · · · · · · · · · · · · · · · · ·				
			84	1		FL	85 Zip C	1	
11. Pursuant office or agent. I a SIGNATURE	\$ 1 1 -a.a. 11 13	Vornanco			poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)	purpose of of the appoi	changing its ntment as rec	registered pistered	
12.		ID DIRECTORS	13.	and organization resignation	ADDITIONS/CHANGES TO OF			RS IN 12	
TITLE	TD	DELETE	1.1 TITLE				Change	☐ Addition	
NAME	GUATY, ANDRES	_	1.2 NAME						
STREET ADDRESS	AAAA MA AATIN ATREET MAE			ET ADDRESS					
	HIALEAH FL		1.4 CiTY-						
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE	0. ш	····		Change	☐ Addition	
NAME	HERNANDEZ, JUAN		2.2 NAME	:				1	
	ARRA MIL ARTH CERET HAS			ET ADDRESS				1	
STREET ADDRESS	HIALEAH FL		2.4 CITY-					ر د	
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	MADRIGAL, OMAR		3.2 NAME						
	4000 111 40711 07 10			ET ADORESS					
STREET ADDRESS	HIALEAH FL		3.4. CITY-						
CITY-ST-ZIP TITLE	MALEATTE	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
		·-	4. 2 NAME	1					
NAME			1	ET ADDRESS					
STREET ADDRESS			4.3 STRE		·				
CITY-ST-ZIP		□ DELETE	5.1 TITLE				Change	Addition	
TITLE		_ 5	5.2 NAME				- •	_	
NAME	_			ET ADDRESS	•				
STREET ADDRESS	S		5.4 CITY-					ļ	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	Addition	
TITLE		C) DECEIE	6.2 NAME						
NAME									
STREET ADDRESS	s)		6.3 STRE	ET ADDRESS					

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, with all other like empowered.

SIGNATURE:

(305) 823-1201