FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N11204

RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9380		Ť					
	SUNSET DRIVE B-2	50 9380 SUNSI	ET DRI	VE B-2	50		
	, FLORIDA 33173	MIAMI, FLO					
	, 1201251 331,3	HIAMI, III	DILLIDI	33173	3. Date Incorporated or Qualified	Dota of La	at Daniel
					3. Date incorporated or Quaimed	3a. Date of Las	st Report
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		14
21		26			Applied For		
Suite, Apt. #, etc. Suite, Apt. #, etc.				59-2861645	Not Applicable \$8.75 Additional		
22	27				5. Certificate of Status Desired Fee Rec		
City & Sta	ate	City & State			6. Election Campaign Financing		<u> </u>
23		28			Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zıp	Countr	ry	8. This corporation has liability for in		
24	25	29	30		· -	Yes No	199.032
	9. Name and Address of Curre	int Registered Agent			10. Name and Address of New Reg		
			81	1 Name			
			82	2 Change Andel	race (D.O. Double in No.		
SKRLD, INC. (pew)				Street Address (P.O. Box Number is Not Acceptable)			
201 ALHAMBRA CÌRCLE			83	3		·-·	
SUITE #1102							
MI/	AMI, FLORIDA 331	34	84	City		E 1 85 Z	ip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida State	utes, the abov	/e-named corr	poration submits this statement for the pu	urnose of changin	a its registered
office or a	registered agent, or both, in the State	a of Florida. Such change was	authorized b	y the corpora	tion's board of directors. I hereby accept	the appointment	as registered
			nonda Statute	es.	n lic	-loi	
SIGNATURE	Signature typed or printed name of reg siered ag		OTF Benstered Ar	Sent tignature regul	red when reinstating)	<u> </u>	
12.		ID DIRECTORS	13.	yent signature reder	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECT	ORS IN 12
TITLE	P/D	DELETE	1 1 TITLE		ABBITIONS/OFFAITED TO OFFICE	c Chang	
NAME	FIGUEIRAS, LUIS		1.2 NAME			25.7	,
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CITY-ST-ZIP	HIALEAH, FLORID	A 33016	1.4 CITY -	·			
TITLE	VP/D	DELETE	2.1 TITLE	31-21			
NAME	SANTIAGO, IDARM					I I Chano	e IIAddition
						L Chang	e Addition
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further 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 of 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

3-27-96 Date

(305) 596-45a