

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR -7 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORENCE DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N12723 (5)

1. Corporation Name
LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business: **20401 N.W. 44 CT. CORAL CITY FL 33055**

Mailing Address: **20401 N.W. 44 CT. CORAL CITY FL 33055 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1985**

3a. Date of Last Report: **01/19/1994**

4. FEI Number: **NOT APPLICABLE**

5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

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.

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

SOTO, ISRAEL
20401 N.W. 44TH CT.
CORAL CITY FL 33055

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SOTO, ISRAEL
STREET ADDRESS	20401 N.W. 44TH CT.
CITY-ST-ZIP	CORAL CITY FL
TITLE	VD
NAME	SUNOL, MIRIAM
STREET ADDRESS	5843 WEST 26TH AVENUE
CITY-ST-ZIP	HALEAH FL
TITLE	STD
NAME	RICO, ALFONSO
STREET ADDRESS	6884 W 30 CT
CITY-ST-ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	RICO, Jacqueline
3.4 CITY-ST-ZIP	5841 W. 26 AVE HALEAH, FL 33012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Israel Soto **Israel Soto PD 4/3/95 305 624-4360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR