

FILE NOW: FILING FEE IS \$61.25

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AND
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97 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13071** (8)

1. Corporation Name

**EL BOSQUE AT LITTLE HAVANA CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**2300 CORAL WAY
MIAMI FL 33145
US**

**2300 CORAL WAY
MIAMI FL 33145-3511
US**

3. Date Incorporated or Qualified
01/21/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2300 CORAL WAY

2a. Mailing Address

26 2300 CORAL WAY

4. FEI Number
59-2761867

Applied For
Not Applicable

* Suite, Apt. #, etc.
22 # 200

Suite, Apt. #, etc.
27 # 200

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 MIAMI FLORIDA

City & State
28 MIAMI FLORIDA

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

Zip Country
24 33145 25 US

Zip Country
29 33145 30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
#200
MIAMI FL 33145**

81 Name

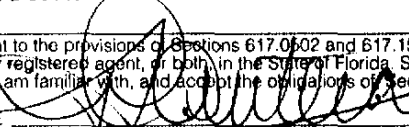
82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 
Signature, typed or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, PRES
(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **JIMENEZ, PEDRO**
CITY - ST - ZIP **777 SW 9TH AVENUE #412
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ORTEGA, ADAMINA**
CITY - ST - ZIP **777 SW 9TH AVE., #312
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **QUEVEDO, LUIS**
CITY - ST - ZIP **777 SW 9TH AV., #218
MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

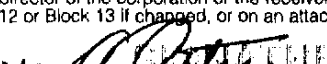
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:  **SIGNATURE REQUIRED**

Date

Daytime Phone # **0000352**

CR2E037 (9/96)