FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 MAY -3 PM 2:34
SECRETARY OF STATE TALLAHASSEE, FLORIDA

003439

DOCUMENT # N13071

1. Corporation Name

EL BOSQUE AT LITTLE HAVANA CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145 US	2300 CORAL WAY #200 MIAMI FL 33145 US

2. Principal Place of Business
21 2300 Coral Way
Suite, Apt. #, etc.
22 Suite # 200
City & State
23 Miami, Florida
Zip 24 33145 Country 25

2a. Mailing Address
26 2300 Coral Way
Suite, Apt. #, etc.
27 Suite # 200
City & State
28 Miami, Florida
Zip 29 33145 Country 30

3. Date Incorporated or Qualifed
01/21/1986

4. FEI Number
59-2761867
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
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] AMADA CANTERA LOPEZ, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JIMENEZ, PEDRO	
STREET ADDRESS	777 SW 9TH AVENUE #412	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	ORTEGA, ADAMINA	
STREET ADDRESS	777 SW 9TH AVE.,#312	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	QUEVEDO, LUIS	
STREET ADDRESS	777 SW 9TH AV.,#218	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/S/SUAREZ GUILLERMO	☐ Change ☐ Addition
2.2 NAME	777 S.W. 9TH.AVENUE APT # 420	
2.3 STREET ADDRESS	MIAMI FLORIDA	
2.4 CITY-ST-ZIP		
3.1 TITLE	D/T/ ORTEGA ADAMINA	☐ Change ☐ Addition
3.2 NAME	777 S.W. 9TH. AVENUE APT # 507	
3.3 STREET ADDRESS	MIAMI FLORIDA	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	000002888340--7	
4.3 STREET ADDRESS	-05/07/99--01143--014	
4.4 CITY-ST-ZIP	******61.25 ******61.25	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: [signature] PEDRO JIMENEZ PRES. 5/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)