

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17117 (5)

1. Corporation Name
MICHELLE JARDINS NO. 1 HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business	Mailing Address
DOMINGO PANDO 16969 N.W. 67TH AVE. STE. 200 MIAMI FL 33015	DOMINGO PANDO 16969 N.W. 67TH AVE. STE. 200 MIAMI FL 33015

3. Date Incorporated or Qualified 10/03/1986	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 17240 N.W. 74 PATH	2a. Mailing Address 26 P.O. BOX 173067
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number 65-0055824	Applied For Not Applicable
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22	27
City & State 23 MIAMI, FL. 33015	City & State 28 HIALEAH, FL.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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24 Zip 33015	25 Country USA	29 Zip 33017-3067	30 Country USA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR.,
MIAMI FL 33126**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDO, DOMINGO	1.2 NAME	PANDO, DOMINGO
STREET ADDRESS	16969 N.W. 67TH AVE. #200	1.3 STREET ADDRESS	17240 N.W. 74 PATH
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, JUAN	2.2 NAME	
STREET ADDRESS	15123 N.W. 87TH PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDO, EMILIO	3.2 NAME	PANDO, EMILIO
STREET ADDRESS	16969 N.W. 67TH AVE. #200	3.3 STREET ADDRESS	17240 N.W. 74 PATH
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Domingo Pando* DOMINGO PANDO PRESIDENT 04/29/96 (305) 362-2900

CR2E037 (12/95)