

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 AM 9:01

DOCUMENT # **N20709** (4)  
1. Corporation Name  
**MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, I NC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 5890 W 20 AVE. HIALEAH FL 33016  
Mailing Address: 5890 W 20 AVE. HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1987** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0218984** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 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: 21. Suite, Apt. #, etc.: **16969 N.W. 67th AVE. #200** 2a. Mailing Address: 26. Suite, Apt. #, etc.: **16969 N.W. 67th AVE. #200**  
22. City & State: **MIAMI, FL.** 27. City & State: **MIAMI, FL.**  
23. Zip: **33015** Country: **U.S.A.** 28. Zip: **33015** Country: **U.S.A.**  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**MIAMI CORPORATE SYSTEMS  
5200 BLUE LAGOON DRIVE  
SUITE 700  
MIAMI FL 33126**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

11. TITLE: <b>DP</b>	11. NAME: <b>PANDO, DOMINGO</b>
12. STREET ADDRESS: <b>5890 W 20 AVE.</b>	13. CITY, ST., ZIP: <b>HIALEAH FL</b>
21. TITLE: <b>DVS</b>	21. NAME: <b>MENENDEZ, JUAN M</b>
22. STREET ADDRESS: <b>75 WEST 21 STREET</b>	23. CITY, ST., ZIP: <b>HIALEAH FL</b>
31. TITLE: <b>DT</b>	31. NAME: <b>PANDO, EMILIO</b>
32. STREET ADDRESS: <b>5890 WEST 20TH AVENUE</b>	33. CITY, ST., ZIP: <b>HIALEAH FL</b>
41. TITLE:	41. NAME:
42. STREET ADDRESS:	43. CITY, ST., ZIP:
51. TITLE:	51. NAME:
52. STREET ADDRESS:	53. CITY, ST., ZIP:
61. TITLE:	61. NAME:
62. STREET ADDRESS:	63. CITY, ST., ZIP:

13. ADDITION, CHANGE TO OFFICERS AND DIRECTORS IN 12

11. TITLE: <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: <b>PANDO, DOMINGO</b>
13. STREET ADDRESS: <b>16969 N.W. 67th AVE. #200</b>
14. CITY, ST., ZIP: <b>MIAMI, FL. 33015</b>
21. TITLE: <b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: <b>MENENDEZ, JUAN</b>
23. STREET ADDRESS: <b>15123 N.W. 87 PL.</b>
24. CITY, ST., ZIP: <b>MIAMI, FL. 33016</b>
31. TITLE: <b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME: <b>PANDO, EMILIO</b>
33. STREET ADDRESS: <b>16969 N.W. 67th AVE. #200</b>
34. CITY, ST., ZIP: <b>MIAMI, FL. 33015</b>
41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:
43. STREET ADDRESS:
44. CITY, ST., ZIP:
51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:
53. STREET ADDRESS:
54. CITY, ST., ZIP:
61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:
63. STREET ADDRESS:
64. 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(2)(b), Florida Statutes. I further certify that the information indicated on the 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 checked, or on an attachment with an address.

SIGNATURE: *Domingo Pando* **Domingo Pando** **4.19.95** **(305) 362.2900**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR