

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 # **N20709** (4)

1. Corporation Name

MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business: 16969 N.W. 67TH AVE. #200 MIAMI FL 33015 US
Mailing Address: 16969 N.W. 67TH AVE.. #200 MIAMI FL 33015 US

2. Principal Place of Business: 21 17240 N.W. 74 PATH MIAMI, FL 33015
2a. Mailing Address: 26 P.O. BOX 173067 HIALEAH, FL 33017-3067 USA

3. Date incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0218984
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PANDO, DOMINGO	
STREET ADDRESS	16969 N.W. 67TH AVE. #200	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MENENDEZ, JUAN M	
STREET ADDRESS	15123 N.W. 87TH PL.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PANDO, EMILIO	
STREET ADDRESS	16969 N.W. 67TH AVE., #200	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMINGO PANDO	
1.3 STREET ADDRESS	17240 N.W. 74 PATH	
1.4 CITY - ST - ZIP	MIAMI, FL 33015	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PANDO, EMILIO	
3.3 STREET ADDRESS	17240 N.W 74 PATH	
3.4 CITY - ST - ZIP	MIAMI, FL. 33015	
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 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 04/19/96 (305) 362-2900
Date: _____ Daytime Phone: _____

CR2E037 (12/95)