

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:20

DOCUMENT # **N30611** (0)

1. Corporation Name
LA BELLA NINA CONDOMINIUM ASSOC. INC.

Principal Place of Business Mailing Address
12904 N.W. 104TH AVE HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 02/07/1994
4. FEI Number 65-0172610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BICHARA, ELIAS
12904 N.W. 104TH AVE
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICHARA, ELIAS	1.2 NAME	
STREET ADDRESS	12904 N.W. 104TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICHARA, OLGA	2.2 NAME	
STREET ADDRESS	12904 N.W. 104TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANES, MIRIAM	3.2 NAME	
STREET ADDRESS	12904 N.W. 104TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANES, MIRIAM	4.2 NAME	
STREET ADDRESS	12904 N.W. 104TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE		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		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 report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or ~~any other 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; that the corporation has authorized my appointment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if ~~applicable~~, or on an attachment with attachments.

SIGNATURE: *[Signature]* **2/10/95** - **305-823-8278**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (System Number)