## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

3a. Date of Last Report 02/09/1996

Applied For

3. Date Incorporated or Qualified 02/09/1989

4. FEI Number

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

12904 N.W. 104TH AVE HIALEAH GARDENS FL 33016 N30611

(0)

HIALEAH GARDENS FL 33018-6045

Mailing Address
12904 N.W. 104TH AVE

2a. Mailing Address

LA BELLA NINA CONDOMINIUM ASSOC. INC.

z. Timopart		26				65-0172610		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					CO 7E Additional	
22	#, 610.	27	¬ ' '			5. Certificate of Status Desired	Fee Re	
	City & State City & State				<del></del>	6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added t	
Zip	Country Zip C			Country		8. This corporation has liability for intang		199.032,
24	25 29 30			Florida Statutes Yes W No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
			ļ,	81 1	Name			
BICHARA, ELIAS 12904 N.W. 104TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
			- 1	B4 (	City		85 Zip (	Code
					J.,		FL   S   Z   Y	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the ab	ove-n	amed corpo	oration submits this statement for the purpo	se of changing It	s registered
office of r	egistered agent, or both, in the State o m familiar with, and accept the obligat	ir Florida, Such change was a ions of, Section 617.0503, Fl	autnorizeo orida Statu	utes.	ie corporation	on's board of directors. I hereby accept the	appointment as	regisiereu
	<b>2</b> .	,						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered	Agenti	signature require	d when reinstating) DA	NTE	<del></del>
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12
TITLE	PD	PD DELETE					Change	Addition
NAME	BICHARA, ELIAS		1.2 NA	ME				
STREE! ADDRESS	ARREST STATE ARCTIC STATE			REET AD	ORESS			
CITY-ST-ZIP	HIALEAH GARDENS FL			Y-ST-2	ZIP			
TITLE	SD	DELETE 2					Change	Addition
NAME	BICHARA, OLGA		2.2 NA	ME				
STREET ADDRESS	12904 N.W. 104TH AVE		23 \$1	REET AD	DRESS			
CITY-SI-ZIP	THE PART CARDENA PI			TY-ST-				
TITLE	VD	DELETE	3.1 TIT	****************		<del></del>	Change	Addition
NAME	YANES, MIRIAM		3.2 NA	ME				
STREET ADDRESS	12904 N.W. 104TH AVE		3.3.ST	REET AD	YORESS			
CITY-ST-ZIP	HIALEAH GARDENS FL	1=11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ZIP			
TITLE	TD	DELETE	4.1 717		£"		Change	Addition
NAME	YANES, MIRIAM		4.2 N					
STREET ADDRESS	12904 N.W. 104TH AVE	•		REET AD	YORESS.	1		
CITY-ST-ZIP	HIALEAH GARDENS FL			TY-ST-		•		
TITLE	(10 900) (11 00 0 10 0 10 0 0	DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA					
STREET ADDRESS			1	REET AL	DORESS			Ĭ
CITY-ST-ZIP			4	TY-ST-				
TITLE	***************************************	DELETE	6.1 TIT		==		Change	Addition
NAME		_	6.2 NA				*	
STREET ADDRESS				REET AD	ODRESS			
CITY-ST-ZIP				TY-\$T-:	· 1			
14. I do here	L by certify that the information supplied	with this filing does not qual	ify for the	exem	ption stated	in Section 119.07(3)(i), Florida Statutes. I fe	urther certify that	the
informatio	on indicated on this annual report or su	ipplemental annual report is:	true and e	<b>ICCUTE</b>	ate and that	my signature shall have the same legal effe	ect as if made un	der oath: that l
i dili atil 0	in Block 12 or Block 13 if changed or	on an affacture of with an ad	drace	~ <del>~~</del> ~	o ma report	t as required by Chapter 617, Florida Statut	we will that this	14/110