


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30611 (0)
1. Corporation Name

LA BELLA NINA CONDOMINIUM ASSOC. INC.



Principal Place of Business 12904 N.W. 104TH AVE HIALEAH GARDENS FL 33016	Mailing Address 12904 N.W. 104TH AVE HIALEAH GARDENS FL 33016
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3. Date Incorporated or Qualified
02/09/1989

4. FEI Number
65-0172610

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

81 Name	OLGA BICHARA
82 Street Address (P.O.-Box Number is Not Acceptable)	12904 NW-104 AVE.
83	
84 City	HIALEAH GARDENS FL
85 Zip Code	33016

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 * *Olga Bichara*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BICHARA, ELIAS	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BICHARA, OLGA	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YANES, MIRIAM	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YANES, MIRIAM	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BICHARA, OLGA	
1.3 STREET ADDRESS	12904 NW-104 AVE.	
1.4 CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: * *Olga Bichara* **IIRED**

1-27-98 823-8278

CR2E037 (10/97)