

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90003 033 \*\*\*\*61.25

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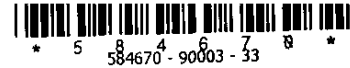
**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30611**

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

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/09/1989
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 65-0172610
City & State 3	City & State 28	Applied For Not Applicable
Zip 4	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 30	

**SAME** (with arrow pointing to 2 and 2a)

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 **LAVERNIA, MANNY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12904 N.W. 104 AVE.**  
 83  
 84 City **HIALEAH GRDNS. FL** 85 Zip Code **33018**

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 \_\_\_\_\_ DATE **7-01-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BICHARA, ELIAS 12904 N.W. 104TH AVE HIALEAH GARDENS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD LAVERNIA, MANNY 1.2 NAME Same Add.
TITLE PD	BICHARA, OLGA 12904 N.W. 104TH AVE HIALEAH GARDENS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD EUGENIA M. LAVERNIA
TITLE VD	YANES, MIRIAM 12904 N.W. 104TH AVE HIALEAH GARDENS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD ANGEL GARCIA
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12. 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **7-1-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)