

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 # N32580 (5)

FIRST ADDITION TO ALAMEDA JARDINS PUD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
% DOMINGO PANDO 16969 N.W. 67TH AVE. #200 MIAMI FL 33015 US		% DOMINGO PANDO 16969 N.W. 67TH AVE MIAMI FL 33015 US		05/26/1989	05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 17240 N.W. 74 PATH	26 P.O. BOX 173067	65-0268362	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI, FL	28 HIALEAH, FL	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33015	25 USA	29 33017-3067	30 USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIAMI CORPORATE SYSTEMS 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PANDO, DOMINGO			1.2 NAME	PANDO, DOMINGO		
STREET ADDRESS	16969 NW 67TH AVE., #200			1.3 STREET ADDRESS	17240 N.W. 74 PATH		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL. 33015		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENENDEZ, JUAN			2.2 NAME			
STREET ADDRESS	15123 NW 87 PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PANDO, EMILIO			3.2 NAME	PANDO, EMILIO		
STREET ADDRESS	16969 NW 67H AVE., #200			3.3 STREET ADDRESS	17240 N.W. 74 PATH		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL. 33015		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 04/24/96 (305) 362-2900

CR2E037 (12/95)