

**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 # N32658 (9)**

1. Corporation Name

**C.L.A.S. CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| 11890 NW 87TH COURT<br>BAY #4<br>HIALEAH GARDENS, FL 33016 33016-1984 | 11890 NW 87TH COURT<br>BAY #4<br>HIALEAH GARDENS, FL 33016 33016-1984 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/02/1989</b> | 3a. Date of Last Report<br><b>10/18/1995</b> |
|--|--|

|                                |                               |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address           |
| 21 <b>11890 NW 87TH COURT</b>  | 26 <b>11890 NW 87TH COURT</b> |
| Suite, Apt #, etc.             | Suite, Apt #, etc.            |
| 22 <b>BAY#9</b>                | 27 <b>BAY#9</b>               |
| City & State                   | City & State                  |
| 23 <b>HIALEAH GARDENS, FL</b>  | 28 <b>HIALEAH GARDENS, FL</b> |
| Zip                            | Country                       |
| 24 <b>33016</b>                | 25 <b>U.S.A</b>               |
| Country                        | Zip                           |
| 29 <b>33016</b>                | 30 <b>U.S.A</b>               |

|  |   |  |
|--|---|--|
| 4. FEI Number<br><b>65-0599078</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  | 10. Name and Address of New Registered Agent               |
| <b>PEREZ, OSIEL</b><br><b>11899 NW 91 AVE., BAY 4</b><br><b>HIALEAH GARDENS FL 33016</b> | B1 Name<br><b>JORGE J. PENENORI</b>                        |
|  | B2 Street Address (P.O. Box Number is Not Acceptable)      |
|  | B3 <b>11890 NW 87TH COURT BAY#9</b>                        |
|  | B4 City <b>HIALEAH GARDENS</b> FL B5 Zip Code <b>33016</b> |

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 617.0502, Florida Statutes.

SIGNATURE: Jorge J. Penenori *JJP* **2/8/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PD <b>PEREZ, OSIEL</b> <input checked="" type="checkbox"/> DELETE    | 1.1 TITLE   | PD <b>JORGE J. PENENORI</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEREZ, OSIEL</b>  | 1.2 NAME  | <b>JORGE J. PENENORI</b>  |
| STREET ADDRESS             | <b>11890 NW 87TH CT BAY#4</b>  | 1.3 STREET ADDRESS                                    | <b>11890 NW 87TH COURT BAY#9</b>  |
| CITY-ST-ZIP                | <b>HIALEAH GARDENS FL 3301</b>                                       | 1.4 CITY-ST-ZIP                                       | <b>HIALEAH GARDENS FL 33016</b>   |
| TITLE                      | SD <b>LOPEZ, PEDRO L</b> <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | SD <b>JOSEPH LUZORO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>LOPEZ, PEDRO L</b>  | 2.2 NAME  | <b>JOSEPH LUZORO</b>  |
| STREET ADDRESS             | <b>11890 NW 87TH CT</b>  | 2.3 STREET ADDRESS                                    | <b>11890 NW 87TH COURT BAY#6</b>  |
| CITY-ST-ZIP                | <b>HIALEAH GARDENS FL</b>  | 2.4 CITY-ST-ZIP                                       | <b>HIALEAH GARDENS FL 33016</b>   |
| TITLE                      | TD <b>ARRIERA, LUIS O</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | TD <b>ANIBAL A. ALONSO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>ARRIERA, LUIS O</b>   | 3.2 NAME  | <b>ANIBAL A. ALONSO</b>   |
| STREET ADDRESS             | <b>11890 NW 87TH CT</b>  | 3.3 STREET ADDRESS                                    | <b>11890 NW 87TH COURT BAY#3</b>  |
| CITY-ST-ZIP                | <b>HIALEAH GARDENS FL</b>  | 3.4 CITY-ST-ZIP                                       | <b>HIALEAH GARDENS FL 33016</b>   |
| 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: ANIBAL A ALONSO *AAA* **2-9-96** (305) 362 94 85  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)