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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32658 (9)

1. Corporation Name
C.I.A.S. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
11890 NW 87TH COURT BAY 9 HIALEAH GARDENS, FL 33016 33016 US

3. Date Incorporated or Qualified
06/02/1989
4. FEI Number
65-0599078
Applied For Not Applicable

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

10. Name and Address of New Registered Agent

PENENORI, JORGE J.
11890 NW 87 COURT
BAY 9
HIALEAH GARDENS FL 33016

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 *[Signature]* DATE 4-17-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PENENORI, JORGE J.	11890 NW 87TH COURT, BAY 9	HIALEAH GARDENS FL	<input type="checkbox"/>
SD	LUZORO, JOSEPH	11890 NW 87TH COURT, BAY 6	HIALEAH GARDENS FL	<input checked="" type="checkbox"/>
TD	ALONSO, ANIBAL A.	11890 NW 87TH COURT, BAY 3	HIALEAH GARDENS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P.D.	PENENORI, JORGE J.	11890 N.W. 87CT. BAY 9	HIALEAH GARDENS, FL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y.D.	FELIPE DELAHOZ	11890 N.W. 87CT BAY 10A11	HIALEAH GARDENS, FL.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.D.	J. JOSEPH LUZORO	11890 N.W. 87CT BAY 6	HIALEAH GARDENS FL.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* J. JOSEPH LUZORO DATE 305-557-4554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023247

CR2E037 (10/97)