

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 21 AM 9:54

DOCUMENT # N39760 (6)
1. Corporation Name
76 WEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
7330 WEST 20 AVENUE HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1990	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0294224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**OSMAN, L. MICHAEL
6447 MIAMI LAKES DRIVE EAST
SUITE 212
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, REINALDO	12 NAME	
STREET ADDRESS	7330 WEST 20 AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	14 CITY - ST - ZIP	
TITLE	DVT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, JUSTO L.	22 NAME	
STREET ADDRESS	7330 WEST 20 AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	24 CITY - ST - ZIP	
TITLE	DVST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, JUSTOL	32 NAME	
STREET ADDRESS	7330 W. 20 AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINTNALL, CHERYL	42 NAME	<i>Not an officer any longer.</i>
STREET ADDRESS	7330 W. 20 AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 of the corporation 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 in an attachment to this report.

SIGNATURE: _____ DATE: 5/30/95 (305) 258-1090