

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 # N39760 (6)
1. Corporation Name

76 WEST WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	2671-2705 W. 76 St.	26	2689 W. 76 Street	08/20/1990		06/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Hialeah,		27 Hialeah		65-0294224		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Florida		28 Florida		<input checked="" type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24	33016	25	USA	29	33016	30	USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

OSMAN, L. MICHAEL
6447 MIAMI LAKES DRIVE EAST
SUITE 212
MIAMI LAKES FL 33014

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, 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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, REINALDO	1.2 NAME	Henriquez, Alejandro
STREET ADDRESS	7330 WEST 20 AVE.	1.3 STREET ADDRESS	2679 W. 76 St.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, Fla. 33016
TITLE	DVT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, JUSTO L.	2.2 NAME	Brown, Peter
STREET ADDRESS	7330 WEST 20 AVE.	2.3 STREET ADDRESS	2689 W. 75 St.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, Fla. 33016
TITLE	DVST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARASA, JUSTOL	3.2 NAME	Godoy, Victor
STREET ADDRESS	7330 W. 20 AVE.	3.3 STREET ADDRESS	2695 W. 76 ST
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, Fla. 33016
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: _____ (Signature and typed or printed name of signing officer or director) Date: 2/20/96 Daytime Phone #: 305 558-8800

CR2E037 (12/95)