

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 05 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N42035 (8)

1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 19 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351
US

10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/11/1991 | 3a. Date of Last Report 03/18/1996 |
| 4. FEI Number 65-0287856 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21. A&M Property Mgt Suite, Apt. #, etc. 22. 3475 HIATUS Road City & State 23. Sunrise FL Zip 24. 33351 Country 25. USA | 2a. Mailing Address 26. A&M Property Mgt Suite, Apt. #, etc. 27. 3475 HIATUS Road City & State 28. Sunrise FL Zip 29. 33351 Country 30. USA |
|--|---|

9. Name and Address of Current Registered Agent

AMORIELLO, PATRICK
10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351

10. Name and Address of New Registered Agent

| | | | | | |
|---------------------------------|--|----------------------|---------------------|--------|-----------------------|
| 81. Name Malcolm NWablon III | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. 3475 HIATUS Road | 84. City Sunrise | 85. FL | 86. Zip Code 33351 |
|---------------------------------|--|----------------------|---------------------|--------|-----------------------|

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 7/30/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONZON, CARLOS G | | 1.2 NAME | |
| STREET ADDRESS 10819 NW 3RD COURT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP PEMBROKE PINES FL | | 1.4 CITY-ST-ZIP | |
| TITLE PD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STEPHENS, JAMES | | 2.2 NAME | |
| STREET ADDRESS 10815 N.W. 3RD COURT | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP PEMBROKE PINES FL | | 2.4 CITY-ST-ZIP | |
| TITLE STD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TORRALBA, JULIO | | 3.2 NAME | |
| STREET ADDRESS 10803 N.W. 3RD COURT | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP PEMBROKE PINES FL 33026 | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARGARITA, CAMILA | | 4.2 NAME | |
| STREET ADDRESS 10817 N.W. 3RD COURT | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP PEMBROKE PINES FL 33026 | | 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 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  DATE 7/30/97 7444666

CR2E037 (4/97)