

**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 # N93000005028 (6)**  
1. Corporation Name

**LOS ARBOLES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1900 WEST 68TH STREET  
HIALEAH FL 33014**

Mailing Address  
**1900 WEST 68TH STREET  
HIALEAH FL 33014**

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

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/02/1993</b>   | 3a. Date of Last Report<br><b>03/08/1995</b>           |
| 4. FEI Number<br><b>65-0487339</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <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 <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
**SKRLD, INC**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

|   |           |
|---|-----------|
| <b>10. Name and Address of New Registered Agent</b>   |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 |                              | DELETED                         |
|----------------------------|------------------------------|---------------------------------|
| TITLE                      | <del>PO</del>                | <input type="checkbox"/> DELETE |
| NAME                       | <b>FERNANDEZ, ORESTES F</b>  |                                 |
| STREET ADDRESS             | <b>1900 W. 68TH ST G-301</b> |                                 |
| CITY-ST-ZIP                | <b>HIALEAH FL 33014</b>      |                                 |
| TITLE                      | <del>VB</del>                | <input type="checkbox"/> DELETE |
| NAME                       | <b>ANDREU, RENE</b>          |                                 |
| STREET ADDRESS             | <b>1900 W 68TH ST B-402</b>  |                                 |
| CITY-ST-ZIP                | <b>HIALEAH FL 33014</b>      |                                 |
| TITLE                      | <del>SB</del>                | <input type="checkbox"/> DELETE |
| NAME                       | <b>BULA, MARCUS</b>          |                                 |
| STREET ADDRESS             | <b>1900 W 68TH ST H-304</b>  |                                 |
| CITY-ST-ZIP                | <b>HIALEAH FL 33014</b>      |                                 |
| TITLE                      | <del>B</del>                 | <input type="checkbox"/> DELETE |
| NAME                       | <b>FEBRES, HERNAN</b>        |                                 |
| STREET ADDRESS             | <b>1900 W 68TH ST. C-201</b> |                                 |
| CITY-ST-ZIP                | <b>HIALEAH FL 33014</b>      |                                 |
| TITLE                      |                              | <input type="checkbox"/> DELETE |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY-ST-ZIP                |                              |                                 |
| TITLE                      |                              | <input type="checkbox"/> DELETE |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY-ST-ZIP                |                              |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |            | DATE   |
|---|------------|--|
| 1.1 TITLE   | <b>D</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |            |  |
| 1.3 STREET ADDRESS                                    |            |  |
| 1.4 CITY-ST-ZIP                                       |            |  |
| 2.1 TITLE   | <b>D/S</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |            |  |
| 2.3 STREET ADDRESS                                    |            |  |
| 2.4 CITY-ST-ZIP                                       |            |  |
| 3.1 TITLE   | <b>D/V</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |            |  |
| 3.3 STREET ADDRESS                                    |            |  |
| 3.4 CITY-ST-ZIP                                       |            |  |
| 4.1 TITLE   | <b>D/P</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |            |  |
| 4.3 STREET ADDRESS                                    |            |  |
| 4.4 CITY-ST-ZIP                                       |            |  |
| 5.1 TITLE   |            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |            |  |
| 5.3 STREET ADDRESS                                    |            |  |
| 5.4 CITY-ST-ZIP                                       |            |  |
| 6.1 TITLE   |            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |            |  |
| 6.3 STREET ADDRESS                                    |            |  |
| 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: \_\_\_\_\_ **4/16/96** **305-593-2295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)