

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33014-4474
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/02/1993	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0487339	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FERNANDEZ, ORESTES F
STREET ADDRESS	1900 W. 68TH ST G-301
CITY-ST-ZIP	HIALEAH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	ANDREU, RENE
STREET ADDRESS	1900 W 68TH ST B-402
CITY-ST-ZIP	HIALEAH FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BULA, MARCUS
STREET ADDRESS	1900 W 68TH ST H-304
CITY-ST-ZIP	HIALEAH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	FEBRES, HERNAN
STREET ADDRESS	1900 W 68TH ST. C-201
CITY-ST-ZIP	HIALEAH FL
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

11. TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	JESUS TOURON
13. STREET ADDRESS	1900 W. 68TH ST. D-101
14. CITY-ST-ZIP	HIALEAH, FL 33014-4474
21. TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	RODOLFO AROCHENA
23. STREET ADDRESS	1900 W. 68TH St. D-301
24. CITY-ST-ZIP	HIALEAH, FL 33014-4474
31. TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	RICARDO AMAYA
33. STREET ADDRESS	1900 W. 68TH ST. E-304
34. CITY-ST-ZIP	HIALEAH, FL 33014-4474
41. TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	LUISA CLADERA
43. STREET ADDRESS	1900 W. 68TH ST E-204
44. CITY-ST-ZIP	HIALEAH, FL 33014-4474
51. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	ORESTES F. FERNANDEZ
53. STREET ADDRESS	1900 W. 68TH ST G-301
54. CITY-ST-ZIP	HIALEAH, FL 33014-4474
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 _____ (305) 827-5622

CR2E037 (9/96)