

05-24-2000 90149 022 ****61.25

DOCUMENT # N93000005028 (6)
 1. Entity Name
LOS ARBOLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1900 WEST 88th ST. GRS MANAGEMENT OF BROWARD
 HIALEAH, FL. 33014 4431 S.W. 64th AVE. STE 113
 DAVIE, FL. 33314

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0487339**
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name **G.R.S. MANAGEMENT OF BROWARD**
 Street Address (P.O. Box Number is Not Acceptable) **4431 S.W. 64th AVE. SUITE 113**
 City **DAVIE** FL Zip Code **33314**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *x Maria E. Parito* DATE **4/27/00**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FERNANDEZ, ORESTES F. 1900 W. 68th ST. G-301 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREU, RENE 1900 W. 68th ST. B-402 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULA, MARCUS 1900 W. 68th ST. H-304 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEBRES HERNAN 1900 W. 68th ST. C-201 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JORGE MASPONS 1900 W. 68th ST. B-201 HIALEAH, FL. 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARIA FERNANDEZ 1900 W. 68th ST. B-302 HIALEAH, FL. 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D RICARDO MONTEALEGRE 1900 W. 68th ST. D-204 HIALEAH, FL. 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x [Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #