

**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 # **N94000000085 (0)**

1. Corporation Name  
**POINT LAKE MASTER ASSOCIATION, INC.**



Principal Place of Business  
~~10000 SW 56 ST SUITE 32 MIAMI FL 33165~~

Mailing Address  
~~10000 SW 56 ST SUITE 32 MIAMI FL 33165~~

3. Date Incorporated or Qualified **01/07/1994** 3a. Date of Last Report **10/25/1995**

2. Principal Place of Business  
21 **14275 SW 142 Ave**  
Suite, Apt. #, etc.  
22 City & State  
23 **Miami, FL**  
Zip  
24 **33186**

2a. Mailing Address  
26 **14275 SW 142 Ave**  
Suite, Apt. #, etc.  
27 City & State  
28 **Miami, FL**  
Zip  
29 **33186**

Country  
25 **Dade** 30 **Dade**

4. FEI Number **65-0458589** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
~~QUINTANA, J LUIS  
2333 PONCE DE LEON BLVD SUITE 1120 CORAL GABLES FL 33134~~

**Triay, Carlos**  
**999 Ponce De Leon Suite 1110 Coral Gables, FL 33134**

10. Name and Address of New Registered Agent  
81 Name **Triay, Carlos**  
82 Street Address (P.O. Box Number is Not Acceptable) **999 Ponce De Leon Suite 1110**  
83 City **Coral Gables** FL 85 Zip Code **33134**

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 appointment of, Secretary 617.0502 Florida Statutes.

SIGNATURE *[Signature]* DATE **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, P. NELSON	
STREET ADDRESS	10000 SW 56 ST SUITE 32	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	CAMPOS, OSVALDO JR.	
STREET ADDRESS	10000 SW 56 ST SUITE 32	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELGADILLO, GISELA	
STREET ADDRESS	10000 SW 56 ST SUITE 32	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	President / Dir Gen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Delgado Manuel	
13 STREET ADDRESS	7655 SW 153 CT #105	
14 CITY-ST-ZIP	Miami, FL	
21 TITLE	Vice - President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Fernandez Antonio	
23 STREET ADDRESS	7655 7672 #102	
24 CITY-ST-ZIP	Miami, FL 33193	
31 TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Manuel de la Cruz	
33 STREET ADDRESS	15385 - SW 7672 #105	
34 CITY-ST-ZIP	Miami, FL 33193	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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]* DATE: **4/14/96** 378-0130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)