

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002715 (9)**  
1. Corporation Name

**CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business: **5800 WEST 18TH LANE HIALEAH FL 33012**  
Mailing Address: **5800 WEST 18TH LANE HIALEAH FL 33012**

3. Date Incorporated or Qualified: **06/12/1995**  
3a. Date of Last Report: **N/A**

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

4. FEI Number:  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  
**GARCIA, EDDY  
717 PONCE DE LEON BLVD.  
STATUTE 322  
CORAL GABLES FL FL331-34**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, EDDY	
STREET ADDRESS	2555 COLLINS AVE. 1907	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PUG, JUAN E	
STREET ADDRESS	15 PHOENETIA AVE. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAPARROS, MARTIN JR	
STREET ADDRESS	9101 E. BAY HARBOR DR. #1002	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VENTURA, NILO	
STREET ADDRESS	19841 W. LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VENTURA, HECTOR	
STREET ADDRESS	8333 GAGE PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**700001903857  
-07/25/96--01004--043  
\*\*\*61.25**

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: \_\_\_\_\_ DATE: **6/24/96**

CR2E037 (3/96)