

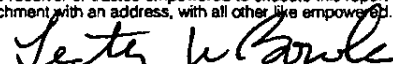


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90432 046 ****61.25

| | | | |
|---|---|---|---|
| DOCUMENT # N95000002715 | |  | |
| 1. Entity Name CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 5800 WEST 18TH LANE OFFICE HIALEAH, FL 33012 | | Mailing Address 5800 WEST 18TH LANE OFFICE HIALEAH, FL 33012 | |
| 2. Principal Place of Business 5800 W 18th Lane | | 3. Mailing Address 6047 Kimberly Blvd | |
| Suite, Apt. #, etc. Office | | Suite, Apt. #, etc. W | |
| City & State Hialeah FL | | City & State N. Lauderdale FL | |
| Zip 33012 | Country USA | Zip 33064 | Country USA |
| 4. FEI Number 65-0683649 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARTINEZ, JUAN J 5721 NW 55 LANE TAMARAC, FL 33319 | | 7. Name and Address of New Registered Agent Name DELTA Management Corp Street Address (P.O. Box Number is Not Acceptable) 6047 Kimberly Blvd Ste W City N. Lauderdale FL Zip Code 33064 | |
| 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. I am familiar with, and accept the obligations of registered agent: SIGNATURE  DATE 5/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PD | NAME RAMOS, JAVIER A | <input checked="" type="checkbox"/> Delete | TITLE PRESIDENT |
| STREET ADDRESS 5810 W 18 LN APT 105 | CITY-ST-ZIP HIALEAH, FL 33012 | | NAME SANTIAGO MIESES. |
| | | | STREET ADDRESS 5810 W 18 LN #106 |
| | | | CITY-ST-ZIP HIALEAH FL 33012 |
| TITLE SD | NAME CASTELLANOS, VERMA | <input checked="" type="checkbox"/> Delete | TITLE VICE PRESIDENT |
| STREET ADDRESS 5810 W 18 LN APT 207 | CITY-ST-ZIP HIALEAH, FL 33012 | | NAME LESTER BOWLES |
| | | | STREET ADDRESS 5820 W 18 LN # 204 |
| | | | CITY-ST-ZIP HIALEAH FL 33012 |
| TITLE TD | NAME FERNANDEZ, ONEIDA | <input checked="" type="checkbox"/> Delete | TITLE TREASURER |
| STREET ADDRESS 5820 W 18LN APT 104 | CITY-ST-ZIP HIALEAH, FL 33012 | | NAME JOSE BINALES. |
| | | | STREET ADDRESS 5810 W 18 LN # 104 |
| | | | CITY-ST-ZIP HIALEAH FL 33012 |
| TITLE VD | NAME GARCIA, LUIS S | <input checked="" type="checkbox"/> Delete | TITLE SECRETARY |
| STREET ADDRESS 5810 W 18LN APT 105 | CITY-ST-ZIP HIALEAH, FL 33012 | | NAME JUAN MARTINEZ. |
| | | | STREET ADDRESS 5830 18 LN H 202 |
| | | | CITY-ST-ZIP HIALEAH FL 33012 |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE |
| STREET ADDRESS | CITY-ST-ZIP | | NAME |
| | | | STREET ADDRESS |
| | | | CITY-ST-ZIP |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE |
| STREET ADDRESS | CITY-ST-ZIP | | NAME |
| | | | STREET ADDRESS |
| | | | CITY-ST-ZIP |
| 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:  | | DATE: 4/20/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | |

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