


FILE NOW: FILING FEE IS \$61.25

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Jan 28 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 # **N95000004626 (6)**

1. Corporation Name

LAKESIDE COMMERCIAL CENTER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
13000 SW 133 COURT MIAMI FL 33186	13000 SW 133 COURT MIAMI FL 33186-5855

3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-6009333	Applied For <input type="checkbox"/> Not Applicable
21 13200 S.W. 128 Street	26 13200 S.W. 128 Street		
Suite, Apt. #, etc. 22 Suite E-1	Suite, Apt. #, etc. 27 Suite E-1		
City & State 23 Miami, Florida	City & State 28 Miami, Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33186	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33186	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HENDRIKSE, NELSON
13000 SW 133 COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Hendrikse, Nelson
82 Street Address (P.O. Box Number is Not Acceptable) 13200 S.W. 128 ST.
83 Suite E-1
84 City Miami
85 Zip Code FL 33186

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIKSE, NELSON	1.2 NAME	Hendrikse, Nelson
STREET ADDRESS	13000 SW 133 COURT	1.3 STREET ADDRESS	13200 S.W. 128 Street, Suite E-1
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami, Florida 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, LEVY	2.2 NAME	Wong, Levy
STREET ADDRESS	13000 SW 133 COURT	2.3 STREET ADDRESS	13200 S.W. 128 Street, Suite E-1
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Miami, Florida 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPRADD, WESTLEY	3.2 NAME	LaPradd, Westley
STREET ADDRESS	13000 SW 133 COURT	3.3 STREET ADDRESS	13200 S.W. 128 Street Suite E-1
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	Miami, Florida 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *[Signature]* 1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026016

CR2E037 (9/96)