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Apr 01 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 # 731850 (4)

1. Corporation Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186	Mailing Address 14275 SW 142ND AVE. MIAMI FL 33186-6715
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3. Date Incorporated or Qualified 02/12/1975	3a. Date of Last Report 03/28/1996
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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
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4. FEI Number 59-1654125	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARIAS, MARIA
SIEGRFRIED, KIPNIS, RIVERA ET AL
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	D	<input checked="" type="checkbox"/> DELETE
NAME	DEBELLO, DARIN	
STREET ADDRESS	4708 SW 67 AVE, L-15	
CITY - ST - ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ABRELL, LISA	
STREET ADDRESS	4724 SW 67 AVE E-11	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUDE, VIVIAM	
STREET ADDRESS	4728 SW 67 AVE J-2	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, ANA	
STREET ADDRESS	419 MINORCA AVE	
CITY - ST - ZIP	CORAL GABLES FL 33155	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, MARY JO	
STREET ADDRESS	4728 SW 67TH AVE J-1	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUSHNYS, THOMAS	
STREET ADDRESS	4732 SW 67TH AVE. K-5	
CITY - ST - ZIP	MIAMI FL 33155	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fernando Enriquez	
1.3 STREET ADDRESS	4718 SW 67 Avenue #B-6	
1.4 CITY - ST - ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sandra Alvarez	
2.3 STREET ADDRESS	4714 SW 67 Avenue #C-3	
2.4 CITY - ST - ZIP	Miami, Florida 33155	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tania R. Alvarez	
3.3 STREET ADDRESS	4716 SW 67 Avenue #D-6	
3.4 CITY - ST - ZIP	Miami, Florida 33155	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clint Davis	
5.3 STREET ADDRESS	4702 SW 67 Avenue #O-15	
5.4 CITY - ST - ZIP	Miami, Florida 33155	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)