

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 556806

(8)

1. Corporation Name

EL ESCORIAL TOWNHOMES, INC.



Principal Place of Business

2121 PONCE DE LEON
STE. 1100
CORAL GABLES FL 33134
US

Mailing Address

2121 PONCE DE LEON
STE. 1100
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

22 City & State

22 City & State

23 Zip

23 Country

23 Zip

23 Country

9. Name and Address of Current Registered Agent

PUENTE-DUANY, GUILLERMO
2300 ALHAMBRA CIRCLE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (if applicable)

Signature of Registered Agent (signature required when relevant)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	DELETE
NAME	PUENTE-DUANY, MIREYA	
STREET ADDRESS	2300 ALHAMBRA CRCL	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	PD	DELETE
NAME	PUENTE-DUANY, GUILLERMO	
STREET ADDRESS	2300 ALHAMBRA CIRCLE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Guillermo A. Puente-Duany 01-29-96 442 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)