

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 720318 (5)

1. Corporation Name
PORT ROYALE CONDOMINIUM, INC.



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| Principal Place of Business 6969 COLLINS AVENUE MIAMI BEACH FL 33141 US | Mailing Address 6969 COLLINS AVENUE MIAMI BEACH FL 33141-3201 US |
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|--|--|
| 3. Date Incorporated or Qualified 02/23/1971 | 3a. Date of Last Report 08/13/1996 |
| 4. FEI Number 59-1449993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|
| 2. Principal Place of Business 21 6969 Collins Ave. Suite, Apt. #, etc. | 2a. Mailing Address 26 6969 Collins Ave Suite, Apt. #, etc. |
| 22 City & State 23 Miami Beach. | 27 City & State 28 Miami Beach |
| 24 Zip 33141 | 25 Country Dade |
| 29 Zip 33141 | 30 Country Dade |

9. Name and Address of Current Registered Agent

**PEDRO, CRESPI A
6969 COLLINS AVE 1104
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name Santiago Palacios
82 Street Address (P.O. Box Number is Not Acceptable) 6969 Collins Ave.
84 City Miami Beach FL 85 Zip Code 33141

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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|--|--|-------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVA CRESPI, PEDRO A 6969 COLLINS AVE. MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEL AMO, JUAN G 6969 COLLINS AVE. MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVA RODRIGUEZ, ARMANDO 6969 COLLINS AVE. MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVD SANTIAGO, PALACIOS 6969 COLLINS AVE MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DA DINGENTHAL, RUTH 6969 COLLINS AVENUE MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DA RODRIGUEZ, FELIX 6969 COLLINS AVE. MIAMI BCH. FL | <input checked="" type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|--|---|--------------------------|-------------------------------------|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PV Palacios Santiago 6969 Collins Ave. Miami Beach FL. 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | SD Ortega Angel 6969 Collins Ave Miami Beach FL. 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | VD Rodriguez Felix 6969 Collins Ave. Miami Beach, FL 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | D Fernandez Raul 6969 Collins Ave. Miami Beach FL. 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | D Rodriguez Armando 6969 Collins Ave. Miami Beach FL. 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | D Chao Hector B. 6969 Collins Ave. Miami Beach FL. 33141 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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]*

CR2E037 (9/96)