


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720318 (5)
1. Corporation Name
PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business 6969 COLLINS AVENUE MIAMI BEACH FL 33141 US	Mailing Address 6969 COLLINS AVENUE MIAMI BEACH FL 33141 US
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21 2. Principal Place of Business 6969 Collins Ave. Suite, Apt. #, etc	2a. Mailing Address 6969 Collins Ave. Suite, Apt. #, etc.
22 City & State Miami Beach FL.	27 City & State Miami Beach FL.
24 Zip 33141	25 Country Dade
29 Zip 33141	30 Country Dade

3. Date Incorporated or Qualified 02/23/1971
4. FEI Number 59-1449993
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTEGA ANGEL	1.2 NAME	PV
STREET ADDRESS	6969 COLLINS AVE.	1.3 STREET ADDRESS	Santiago Palacios
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	6969 Collins Ave. M.B. FL. 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ RAUL	2.2 NAME	Angel Ortega
STREET ADDRESS	6969 COLLINS AVE.	2.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach FL. 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD & T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ARMANDO	3.2 NAME	Felix Rodriguez
STREET ADDRESS	6969 COLLINS AVE.	3.3 STREET ADDRESS	6969 Collins Ave
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach FL. 33141
TITLE	PV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO, PALACIOS	4.2 NAME	Armando Rodriguez
STREET ADDRESS	6969 COLLINS AVE	4.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL. 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAO HECTOR B	5.2 NAME	Hector Chao
STREET ADDRESS	6969 COLLINS AVENUE	5.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach, FL. 33141
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, FELIX	6.2 NAME	Alberto Morheim
STREET ADDRESS	6969 COLLINS AVE.	6.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BCH. FL	6.4 CITY-ST-ZIP	Miami Beach FL. 33141

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached form with an address.

SIGNATURE: *Angel Ortega* **ANGELO ORTEGA** 4/20/98 866-0789

CR2E037 (10/97)