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**Apr 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 720318

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



21	2. Principal Place of Business 6969 Collins Ave.	2a. Mailing Address 6969 Collins Ave.	3. Date Incorporated or Qualified 02/23/1971
22	Suite, Apt. #, etc. M	Suite, Apt. #, etc. M	4. FEI Number 59-1449993
23	City & State Miami Beach, Fl.	City & State Miami Beach, Fl.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33141	Country Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>PALACIOS, SANTIAGO</b> 6969 COLLINS AVE MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent	
81	Name Santiago F. Palacios	82	Street Address (P.O. Box Number is Not Acceptable)
83	City 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: *Hector Chao* DATE: 3/30/1999

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	Santiago F. Palacios
STREET ADDRESS	6969 COLLINS AVE.	1.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORHEIM, ALBERTO	2.2 NAME	Hector Chao
STREET ADDRESS	6969 COLLINS AVE.	2.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	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 33141	3.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	PV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO, PALACIOS	4.2 NAME	Sol Kadin
STREET ADDRESS	6969 COLLINS AVE	4.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33141	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	5.2 NAME	Eduardo Cabanas
STREET ADDRESS	6969 COLLINS AVENUE	5.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33141	5.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	VDT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, FELIX	6.2 NAME	Daniel Medina
STREET ADDRESS	6969 COLLINS AVE.	6.3 STREET ADDRESS	6969 Collins Ave.
CITY-ST-ZIP	MIAMI BCH. FL 33141	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)(l), 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, with all other like empowered.

SIGNATURE: *Hector Chao* DATE: 3/30/1999

CR2E037- (1/98)