

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720437 (3)

1. Corporation Name

PALMS ASSOCIATION OF ALTON ROAD, INC.



Principal Place of Business

Mailing Address

1025 ALTON ROAD, APT. 508
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 03/08/1971
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1025 Alton Road		26 1025 Alton Road		59-2229952		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 201		27 201		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23 Miami Beach FL		28 Miami Beach FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24 33139	25 USA	29 33139	30 USA				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPOS, GIRALDO
1025 ALTON ROAD
#201
MIAMI BEACH FL 33139

81 Name	John Caricato		
82 Street Address (P.O. Box Number is Not Acceptable)	1025 Alton Rd #409		
83			
84 City	Miami Beach	85 State	FL
		Zip Code	33139

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]* John Caricato D/T 3/6/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		11 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NIEDA, EVELIO			12 NAME	Berger, Ross		
STREET ADDRESS	1025 ALTON ROAD			13 STREET ADDRESS	1025 Alton Rd #702		
CITY-ST-ZIP	MIAMI BEACH FL			14 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	D	<input checked="" type="checkbox"/> DELETE		21 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, JAVIER			22 NAME	Zambrano, Oscar		
STREET ADDRESS	1025 ALTON RD			23 STREET ADDRESS	1025 Alton Rd #403		
CITY-ST-ZIP	MIAMI BCH FL			24 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		31 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIRALDO, CAMPOS			32 NAME	Nordlund, Randall		
STREET ADDRESS	1025 ALTON ROAD			33 STREET ADDRESS	1025 Alton Rd #603		
CITY-ST-ZIP	MIAMI BCH FL			34 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		41 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEDRO, PEREZ			42 NAME	Caricato, John		
STREET ADDRESS	1025 ALTON ROAD			43 STREET ADDRESS	1025 Alton Rd #409		
CITY-ST-ZIP	MIAMI BEACH FL			44 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	D	<input checked="" type="checkbox"/> DELETE		51 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VILAR, JUAN			52 NAME	Johnson, David		
STREET ADDRESS	1025 ALTON RD			53 STREET ADDRESS	1025 Alton Rd #505		
CITY-ST-ZIP	MIAMI BEACH FL			54 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEREZ, ISABEL			62 NAME	Rodriguez, Carlos		
STREET ADDRESS	1025 ALTON ROAD			63 STREET ADDRESS	1025 Alton Rd #207		
CITY-ST-ZIP	MIAMI BEACH FL			64 CITY-ST-ZIP	Miami Beach FL 33139		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* John Caricato D/T 3/6/96 (305) 531-9537

CR2E037 (12/95)