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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 720437 (3)

1. Corporation Name: PALMS ASSOCIATION OF ALTON ROAD, INC.



Principal Place of Business: 1025 ALTON ROAD, APT. 508 APT 201 MIAMI BEACH FL 33139 US
Mailing Address: 1025 ALTON ROAD, APT. 508 APT 201 MIAMI BEACH FL 33139-4765 US

3. Date Incorporated or Qualified: 03/08/1971
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-2229952
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARICATO, JOHN
1025 ALTON RD
APT 409
MIAMI BEACH FL 33139

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGER, ROSS	
STREET ADDRESS	1025 ALTON RD APT 702	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZAMBRANO, OSCAR	
STREET ADDRESS	1025 ALTON RD APT 403	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NORDLUND, RANDALL	
STREET ADDRESS	1025 ALTON RD APT 603	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARICATO, JOHN	
STREET ADDRESS	1025 ALTON RD APT 409	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DAVID	
STREET ADDRESS	1025 ALTON RD APT 505	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, ISABEL	
STREET ADDRESS	1025 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berger, Ross	
1.3 STREET ADDRESS	1025 Alton Rd Apt 702	
1.4 CITY-ST-ZIP	Miami Beach FL 33139	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Akens	
2.3 STREET ADDRESS	1025 Alton Rd Apt 308	
2.4 CITY-ST-ZIP	Miami Beach FL 33139	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carlos Rodriguez	
3.3 STREET ADDRESS	1025 Alton Rd Apt 207	
3.4 CITY-ST-ZIP	Miami Beach FL 33139	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Caricato	
4.3 STREET ADDRESS	1025 Alton Rd Apt 409	
4.4 CITY-ST-ZIP	Miami Beach FL 33139	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: John Caricato 3/12/97 305 531 9537
DATE: _____ DAYTIME PHONE: _____

CR2E037 (9/96)