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May 27, 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
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DOCUMENT # 720437
 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 US
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2. Principal Place of Business 21	2a. Mailing Address 26 306 Alcazar Ave	3. Date Incorporated or Qualified 03/08/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 303	4. FEI Number 59-2229952
City & State 23	City & State 28 Coral Gables Fla	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 33134	Country 30 FLA

9. Name and Address of Current Registered Agent
CARICATO, JOHN
1025 ALTON RD
APT 409
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 81 Name **Ross Berger**
 82 Street Address (P.O. Box Number is Not Acceptable) **1025 Alton Road # 702**
 83 **MIAMI BEACH**
 84 City **FL** 85 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]* DATE: **3/25/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, ROSS	
STREET ADDRESS	1025 ALTON RD APT 702	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADY, DAN	
STREET ADDRESS	1025 ALTON RD APT 205	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSINSKI, RICHARD	
STREET ADDRESS	1025 ALTON RD APT 208	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPOS, GIRLADO	
STREET ADDRESS	1025 ALTON RD APT 401	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	1025 ALTON RD., APT 207	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Peter Perez	
4.3 STREET ADDRESS	1025 Alton Road # 501	
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.
 SIGNATURE: *[Signature]* DATE: **3/25/99** DAYTIME PHONE #: **305-4130047 xt 21**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)