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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 723174 (9)
1. Corporation Name
RO-MONT SOUTH CONDOMINIUM "M", INC.



Principal Place of Business Mailing Address
20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179
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3. Date Incorporated or Qualified
04/14/1972

4. FEI Number
59-1499069

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

23. City & State 27. City & State

24. Zip Country 28. Zip Country

25. 29. 30.

9. Name and Address of Current Registered Agent
GALLO, DAMIAN J.
115 NE 202 TERRACE
APT #101
NORTH MIAMI BEACH FL 33179

JUAN E. PONCE
115 NE 202 TR
BLD. M #1
N.M.B FLA. 33179

10. Name and Address of New Registered Agent

81. Name PONCE JUAN

82. Street Address (P.O. Box Number is Not Acceptable)
115 NE 202 TERRACE M1

83.

84. City MIAMI FL 85. Zip Code 33179

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 *Juan E. Ponce* DATE 6-9-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PONCE, JUAN	
STREET ADDRESS	115 NE 202 TR, M1	
CITY-ST-ZIP	N, MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, ARGELIA	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	N, MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HURLEY, FRAN	
STREET ADDRESS	115 NE 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ARGELIA ALVAREZ		
2.3 STREET ADDRESS	115 NE 202 TERR M1		
2.4 CITY-ST-ZIP	MIAMI FL 33179		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Juan E. Ponce* Secretary of State
5/6/98 305-2478

CR2E037 (10/97)