FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723174

1. Corporation Name

RO-MONT SOUTH CONDOMINIUM "M", INC.

Principal	Place	of Business	

20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

20314 NE 2ND AVE

2a. Mailing Address

Suite, Apt. #, etc.

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NORTH MIAMI BEACH FL 33179

FILED May 10, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

04/14/1972

59-1499069

4. FEI Number

City & State	9	City & Sta	te			5. (Certifcate of Status D	esired		\$8.75 Ad	
23		28								Fee Req	`
Zip	Country	Zip	Zip Country			Election Campaign Fi		П	\$5.00 N		
24	25	25 29 30			Trust Fund Contribution Added to Fees						
	 Name and Address of Cu 	rrent Registered Ager	nt			10.	Name and Address	of New R	egistered A	gent	
				81	Name						
JUAN G P	ONCE			82	Street Add	idress (P.	O. Box Number is No	t Accepta	ble)		
	2 TERRACE										
BLDG M #				83							
	IAMI:BEACH FL 33179			84	City					85 Zip Ci	ode
					-				<u>FL</u>		
11. Pursuant	to the provisions of Sections 617 egistered agent, or both, in the S	0502 and 617.1508, FI	orida Statutes, t	he above	-named co	rporation	submits this statemen	nt for the i	purpose of o	:hanging its r	egistered istered
office or re agent. I a	egistered agent, or both, in the Si m familiar with, and accept the ol	ate of Florida. Such co oligations of, Section 64	7.0503, Florida	Statutes.	me corpora	ation 5 Dos	ard of directors, I here	by accep	3/ /	anont do tog	10.0.00
SIGNATURE	1/	7			MAUL	Po I	NCE		71/99	7	-
SIGNATURE	signature, typed or printed name of registere		(NOTE: Reg		i signature requi	uired when rei	instating)	5 TO OF	DATE	D DIDECTOL	3C IN 12
12.		AND DIRECTORS		13.		A	DDITIONS/CHANGE	S TO OFF	-ICERS ANI		Addition
TITLE (PD	L	DELETE	1.1 TITLE	į					Change	Audition
NAME	PONCE, JUAN			1.2 NAME	-						
STREET ADDRESS	115 NE 202 TR, M1			1.3 STREET	ADDRESS						
CITY-ST-ZIP	N. MIAMI BEACH FL			1.4 CITY-ST	- ZIP						- Addition
TITLE	VPD		DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME	ADA PONCE			2.2 NAME							
STREET ADDRESS	115 NE 202 TERRACE			2.3 STREET	ADDRESS						
CITY+ST-ZIP	MIAMI FL 33179			2. 4 CITY-S	T-ZIP						Addition
TITLE	STD		DELETE	3.1 TITLE						☐ Change	Addition
NAME	HURLEY, FRAN			3.2 NAME							
STREET ADDRESS	115 NE 202 TERRACE			3.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			3.4. CITY-S	T- ZIP						
TITLE			DELETE	4.1 TITLE						Change	☐ Addition
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST	-ZIP						- Addition
TITLE		£.	DELETE	5.1 TITLE	1					Change	■ Addition
NAME				5.2 NAME	1						
STREET ADDRESS	i.			5.3 STREET							
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP						
TITLE	3		DELETE	6.1 TITLE						Change	Addition
NAME	,			6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						į
CITY-ST-ZIP				6.4 CITY-ST	r-ZIP						

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:

4,/99 305-653-2664

Applied For

Not Applicable