

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mo'ham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726103 (5)

1. Corporation Name
ROYAL PALMETTO CONDOMINIUM, INC.



Principal Place of Business: 6095 W. 19TH AVENUE HIALEAH FL 33012
Mailing Address: 6095 W. 19TH AVENUE HIALEAH FL 33012

3. Date Incorporated or Qualified: 04/12/1973
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1576976	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<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	28	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		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'FARRIL, CARIDAD
6095 W 19TH AVE
SUITE 210
HIALEAH FL 33012

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 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: *[Signature]* **Caridad O'Farrill** 3/01/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPES, ALFREDO	1.2 NAME	
STREET ADDRESS	6095 WEST 19TH AVE., APT. 216	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, HERMINA	2.2 NAME	
STREET ADDRESS	6095 WEST 19TH AVE., APT. 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRIL, CARIDAD	3.2 NAME	
STREET ADDRESS	6095 WEST 19TH AVE., APT. 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOW, ANA	4.2 NAME	
STREET ADDRESS	6095 WEST 19TH AVE #310	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, ALBA	5.2 NAME	
STREET ADDRESS	6095 W 19TH AVE #301	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, PEDRO	6.2 NAME	
STREET ADDRESS	6095 W 19TH AE #217	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

Rodrigo E. Carmona
6095 W 19 AVE # 207
Hialeah, FL. 33012

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)(f), 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]* **Caridad O'Farrill** 3/01/96 (305) 556-4022
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)