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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 726103 (5)
1. Corporation Name
ROYAL PALMETTO CONDOMINIUM, INC.



Principal Place of Business: 6095 W. 18TH AVENUE, HIALEAH FL 33012
Mailing Address: 6095 W. 19TH AVENUE, HIALEAH FL 33012-6087

3. Date Incorporated or Qualified: 04/12/1973
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business (21-24): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (25-28): Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-1576976
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
O'FARRIL, CARIDAD
6095 W 19TH AVE
SUITE 210
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name: A.M.A. MANAGEMENT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 6850 CORAL WAY, SUITE 308
83
84 City: MIAMI FL 85 Zip Code: 33155

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 A. Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE: 4-16-97

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: RIPPES, ALFREDO	
STREET ADDRESS: 6095 WEST 19TH AVE., APT. 216	
CITY-ST-ZIP: HIALEAH FL 33012	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: HERNANDEZ, HERMINA	
STREET ADDRESS: 6095 WEST 19TH AVE., APT. 215	
CITY-ST-ZIP: HIALEAH FL 33012	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: O'FARRIL, CARIDAD	
STREET ADDRESS: 6095 WEST 19TH AVE., APT. 210	
CITY-ST-ZIP: HIALEAH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CASTOW, ANA	
STREET ADDRESS: 6095 WEST 19TH AVE #310	
CITY-ST-ZIP: HIALEAH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: LEON, ALBA	
STREET ADDRESS: 6095 W 19TH AVE #301	
CITY-ST-ZIP: HIALEAH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CARMONA, RODRIGI E.	
STREET ADDRESS: 6095 W. 19 AVENUE #207	
CITY-ST-ZIP: HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HERNANDEZ, IRMINA	
1.8 STREET ADDRESS: 6095 WEST 19TH AVE., APT. 215	
1.4 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: ALVAREZ, JUAN	
2.8 STREET ADDRESS: 6095 WEST 19TH AVE., APT. 414	
2.4 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: ALVAREZ, MARTA	
3.3 STREET ADDRESS: 6095 WEST 19TH AVE., APT. 302	
3.4 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: LORINZANA, JOHN	
4.3 STREET ADDRESS: 6095 WEST 19TH AVE., APT. 320	
4.4 CITY-ST-ZIP: HIALEAH FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: O'FARRIL, CARIDAD	
5.3 STREET ADDRESS: 6095 WEST 19TH AVE., APT. 210	
5.4 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: DEL POZO, VIVIAN	
6.3 STREET ADDRESS: 6095 WEST 19TH AVE, APT. 420	
6.4 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan A. Alvarez* DATE: 4-16-97

CR2E037 (9/96)