

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 15 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 726103 (5)

1. Corporation Name
ROYAL PALMETTO CONDOMINIUM, INC.



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| Principal Place of Business 6095 W. 19TH AVENUE HIALEAH FL 33012 | Mailing Address 6095 W. 19TH AVENUE HIALEAH FL 33012 |
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|--|--|
| 3. Date Incorporated or Qualified 04/12/1973 | |
| 4. FEI Number 59-1576976 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

**A M A MANAGEMENT SERVICES INC
6650 CORAL WAY, SUITE 308
MIAMI FL 33155**

10. Name and Address of New Registered Agent

**Capital Accounts
8024 W 14th Court
Hialeah FL 33014**

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]* **ROBERTO POZO** DATE **4/22/98**

Signature, type 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 | VP | 1.1 TITLE | |
| NAME | HERNANDEZ, IRMINA | 1.2 NAME | Juan A. Alvarez |
| STREET ADDRESS | 6095 WEST 19TH AVE APT 215 | 1.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 414 |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| TITLE | VP | 2.1 TITLE | |
| NAME | HERNANDEZ, HERMINA | 2.2 NAME | Martha L. Alvarez |
| STREET ADDRESS | 6095 WEST 19TH AVE., APT. 215 | 2.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 302 |
| CITY-ST-ZIP | HIALEAH FL 33012 | 2.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| TITLE | ST | 3.1 TITLE | |
| NAME | O'FARRIL, CARIDAD | 3.2 NAME | Roberto Obregon |
| STREET ADDRESS | 6095 WEST 19TH AVE., APT. 210 | 3.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 309 |
| CITY-ST-ZIP | HIALEAH FL | 3.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| TITLE | D | 4.1 TITLE | |
| NAME | CASTOW, ANA | 4.2 NAME | Alba Leon |
| STREET ADDRESS | 6095 WEST 19TH AVE #310 | 4.3 STREET ADDRESS | 6095 W 19th Ave # 301 |
| CITY-ST-ZIP | HIALEAH FL | 4.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| TITLE | D | 5.1 TITLE | |
| NAME | O'FARRIL, CARIDAD | 5.2 NAME | |
| STREET ADDRESS | 6095 WEST 19TH AVE APT 210 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | DEL, POZO V | 6.2 NAME | |
| STREET ADDRESS | 6095 WEST 19TH AVE APT 420 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 6.4 CITY-ST-ZIP | |

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|--------------------|----------------------------|
| 1.1 TITLE | |
| 1.2 NAME | Juan A. Alvarez |
| 1.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 414 |
| 1.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| 2.1 TITLE | |
| 2.2 NAME | Martha L. Alvarez |
| 2.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 302 |
| 2.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| 3.1 TITLE | |
| 3.2 NAME | Roberto Obregon |
| 3.3 STREET ADDRESS | 6095 W 19th Ave, Apt # 309 |
| 3.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| 4.1 TITLE | |
| 4.2 NAME | Alba Leon |
| 4.3 STREET ADDRESS | 6095 W 19th Ave # 301 |
| 4.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 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 *[Signature]* DATE **4/22/98** **(305) 821-2524**

CFR2037 (10/97)