

FILE NOW: FILING FEE IS \$61.25

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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726103 (5)

1. Corporation Name

ROYAL PALMETTO CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified	04/12/1973
4. FEI Number	59-1576976
Applied For	Not Applicable

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 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent
A M A MANAGEMENT SERVICES INC 6850 CORAL WAY, SUITE 308 MIAMI FL 33155

10. Name and Address of New Registered Agent
Capital Accounts 8024 W 14th Dr 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] DATE 4/22/98

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	HERNANDEZ, IRMINA
STREET ADDRESS	6095 WEST 19TH AVE APT 215
CITY-ST-ZIP	HIALEAH FL
TITLE	VP
NAME	HERNANDEZ, HERMINA
STREET ADDRESS	6095 WEST 19TH AVE., APT. 215
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	ST
NAME	O'FARRIL, CARIDAD
STREET ADDRESS	6095 WEST 19TH AVE., APT. 210
CITY-ST-ZIP	HIALEAH FL
TITLE	D
NAME	CASTOW, ANA
STREET ADDRESS	6095 WEST 19TH AVE #310
CITY-ST-ZIP	HIALEAH FL
TITLE	D
NAME	O'FARRIL, CARIDAD
STREET ADDRESS	6095 WEST 19TH AVE APT 210
CITY-ST-ZIP	HIALEAH FL
TITLE	D
NAME	DEL, POZO V
STREET ADDRESS	6095 WEST 19TH AVE APT 420
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Juan A. Alvarez
1.3 STREET ADDRESS	6095 W 19 Ave, Apt # 414
1.4 CITY-ST-ZIP	Hialeah, FL 33012
2.1 TITLE	P
2.2 NAME	Martha L. Alvarez
2.3 STREET ADDRESS	6095 W 19 Ave, Apt # 302
2.4 CITY-ST-ZIP	Hialeah, FL 33012
3.1 TITLE	P
3.2 NAME	Roberto Obregon
3.3 STREET ADDRESS	6095 W 19 Ave, Apt # 309
3.4 CITY-ST-ZIP	Hialeah, FL 33012
4.1 TITLE	P
4.2 NAME	Alba Leon
4.3 STREET ADDRESS	6095 W 19 Ave # 301
4.4 CITY-ST-ZIP	Hialeah, FL 33012

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

CR2E037 (10/97)