

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90021 013 ****61.25

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

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
 81 Name: **Hermina Hernandez**
 82 Street Address (P.O. Box Numbers Not Acceptable): **6095 W 19th Ave # 215**
 83
 84 City: **Hialeah** FL 85 Zip Code: **33012**

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: **Hermina Hernandez** DATE: **3/8/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, IRMINA	
STREET ADDRESS	6095 WEST 19TH AVE APT 215	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, HERMINA	
STREET ADDRESS	6095 WEST 19TH AVE., APT. 215	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	O'FARRIL, CARIDAD	
STREET ADDRESS	6095 WEST 19TH AVE., APT. 210	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTOW, ANA	
STREET ADDRESS	6095 WEST 19TH AVE #310	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'FARRIL, CARIDAD	
STREET ADDRESS	6095 WEST 19TH AVE APT 210	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	Juan Alvarez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	6095 W 19 Ave	
1.3 STREET ADDRESS	Hialeah, FL 33012	
1.4 CITY-ST-ZIP		
2.1 TITLE	Quetha Alvarez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6095 W 19 Ave	
2.3 STREET ADDRESS	Hialeah, FL 33012	
2.4 CITY-ST-ZIP		
3.1 TITLE	Roberto Obaco	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6095 W 19 Ave	
3.3 STREET ADDRESS	Hialeah, FL 33012	
3.4 CITY-ST-ZIP		
4.1 TITLE	Ana Castro	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	6095 W 19 Ave # 310	
4.3 STREET ADDRESS	Hialeah, FL 33012	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Hermina Hernandez** DATE: **3/8/99** DAYTIME PHONE #: **(305) 821-2926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)