

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S75569** (1)

1. Corporation Name

**BALBOA GARDEN APARTMENTS, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 10612  
PANAMA 4, PANAMA

P.O. BOX 10612  
PANAMA 4, PANAMA

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KANNER, LEWIS M.  
SALOMON KANNER & DAMIAN P.A.  
80 S.W. 8TH ST., SUITE 2550  
MIAMI FL 33130**

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 607.0502 and 607.1506, 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 607.0502, Florida Statutes.

SIGNATURE

*Lewis M. Kanner*

4-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **P DESALADO, HILDAURA B.**  
STREET ADDRESS **VILLA ESPANA #195, PL RE**  
CITY-STATE-ZIP **PANAMA CITY, PANAMA**

1. TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2. TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(a), 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE

*Hildaaura B de Salazar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Date of Filing

CR2E034 (12/95)