

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 726103 (5)

1. Corporation Name

ROYAL PALMETTO CONDOMINIUM, INC.



Principal Place of Business	Mailing Address
6095 W. 18TH AVENUE HIALEAH FL 33012	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	2a. Mailing Address	4. FEI Number 59-1576976	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'FARRIL, CARIDAD 6095 W 19TH AVE SUITE 210 HIALEAH FL 33012	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPES, ALFREDO	1.2 NAME	VP
STREET ADDRESS	6095 WEST 19TH AVE., APT. 216	1.3 STREET ADDRESS	HERNANDEZ, IRMINA
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	6095 WEST 19TH AVE., APT. 215
TITLE	VP	2.1 TITLE	HIALEAH, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, HERMINA	2.2 NAME	P
STREET ADDRESS	6095 WEST 19TH AVE., APT. 215	2.3 STREET ADDRESS	ALVAREZ, JUAN
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	6095 WEST 19TH AVE., APT. 414
TITLE	ST	3.1 TITLE	HIALEAH, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRIL, CARIDAD	3.2 NAME	ST
STREET ADDRESS	6095 WEST 19TH AVE., APT. 210	3.3 STREET ADDRESS	ALVAREZ, MARTA
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	6095 WEST 19TH AVE., APT. 302
TITLE	D	4.1 TITLE	HIALEAH, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOW, ANA	4.2 NAME	D
STREET ADDRESS	6095 WEST 19TH AVE #310	4.3 STREET ADDRESS	LORINZANA, JOHN
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	6095 WEST 19TH AVE., APT. 320
TITLE	D	5.1 TITLE	HIALEAH FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, ALBA	5.2 NAME	D
STREET ADDRESS	6095 W 19TH AVE #301	5.3 STREET ADDRESS	O'FARRIL, CARIDAD
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	6095 WEST 19TH AVE., APT. 210
TITLE	D	6.1 TITLE	HIALEAH, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, RODRIGI E.	6.2 NAME	D
STREET ADDRESS	6095 W. 19 AVENUE #207	6.3 STREET ADDRESS	DEL POZO, VIVIAN
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	6095 WEST 19TH AVE, APT. 420

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)