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Sep 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 720318 (5)

1. Corporation Name
PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
6969 COLLINS AVENUE MIAMI BEACH FL 33141 US	6969 COILINS AVENUE MIAMI BEACH FL 33141-3201 US

3. Date Incorporated or Qualified: 02/23/1971
3a. Date of Last Report: 08/13/1996

2. Principal Place of Business
21 6969 Collins Ave.
Suite, Apt. #, etc.
22
City & State
23 Miami Beach.
Zip 24 33141 Country 25 Dade

2a. Mailing Address
26 6969 Collins Ave
Suite, Apt. #, etc.
27
City & State
28 Miami Beach
Zip 29 33141 Country 30 Dade

4. FEI Number: 59-1449993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEDRO, CRESPI A
6969 COLLINS AVE 1104
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: Santiago Palacios
82 Street Address (P.O. Box Number is Not Acceptable): 6969 Collins Ave.
83
84 City: Miami Beach FL 85 Zip Code: 33141

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 _____ DATE
Signature, typed 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	PVA	☒ DELETE	1.1 TITLE	PV	☐ Change ☒ Addition
NAME	CRESPI, PEDRO A		1.2 NAME	Palacios Santiago	
STREET ADDRESS	6969 COLLINS AVE.		1.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami Beach Fl. 33141	
TITLE	VD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	DEL AMO, JUAN G		2.2 NAME	Ortega Angel	
STREET ADDRESS	6969 COLLINS AVE.		2.3 STREET ADDRESS	6969 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	Miami Beach Fl. 33141	
TITLE	SVA	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	RODRIGUEZ, ARMANDO		3.2 NAME	Rodriguez Felix	
STREET ADDRESS	6969 COLLINS AVE.		3.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	TVD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SANTIAGO, PALACIOS		4.2 NAME	Fernandez Raul	
STREET ADDRESS	6969 COLLINS AVE		4.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami Beach Fl. 33141	
TITLE	DA	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DINGENTHAL, RUTH		5.2 NAME	Rodriguez Armando	
STREET ADDRESS	6969 COLLINS AVENUE		5.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	Miami Beach Fl. 33141	
TITLE	DA	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	RODRIGUEZ, FELIX		6.2 NAME	Chao Hector B.	
STREET ADDRESS	6969 COLLINS AVE.		6.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BCH. FL		6.4 CITY-ST-ZIP	Miami Beach Fl. 33141	

CR2E037 (9/96)

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 _____