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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720318

1. Corporation Name

PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business

6969 COLLINS AVENUE
MIAMI BEACH FL 33141
US

Mailing Address

6969 COLLINS AVENUE
MIAMI BEACH FL 33141
US



2. Principal Place of Business

21 **6969 Collins Ave.**

Suite, Apt. #, etc.

22 **M**
City & State

23 **Miami Beach, Fl.**

Zip

24 **33141**

Country

25 **USA**

2a. Mailing Address

26 **6969 Collins Ave.**

Suite, Apt. #, etc.

27 **M**
City & State

28 **Miami Beach, Fl.**

Zip

29 **33141**

Country

30 **USA**

3. Date Incorporated or Qualified

02/23/1971

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**

9. Name and Address of Current Registered Agent

**PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name **Santiago F. Palacios**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **6969 Collins Ave.**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/1999

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **ORTEGA ANGEL**
STREET ADDRESS **6969 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☒ DELETE
NAME **MORHEIM, ALBERTO**
STREET ADDRESS **6969 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☒ DELETE
NAME **RODRIGUEZ, ARMANDO**
STREET ADDRESS **6969 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **PV** ☒ DELETE
NAME **SANTIAGO, PALACIOS**
STREET ADDRESS **6969 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☒ DELETE
NAME **CHAO, HECTOR**
STREET ADDRESS **6969 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VDT** ☒ DELETE
NAME **RODRIGUEZ, FELIX**
STREET ADDRESS **6969 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BCH. FL 33141**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres** ☐ Change ☒ Addition
1.2 NAME **Santiago F. Palacios**
1.3 STREET ADDRESS **6969 Collins Ave.**
1.4 CITY-ST-ZIP **Miami Beach, Fl. 33141**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Hector Chao**
2.3 STREET ADDRESS **6969 Collins Ave.**
2.4 CITY-ST-ZIP **Miami Beach, Fl. 33141**

3.1 TITLE **T.** ☐ Change ☒ Addition
3.2 NAME **Felix Rodriguez**
3.3 STREET ADDRESS **6969 Collins Ave.**
3.4 CITY-ST-ZIP **Miami Beach, Fl. 33141**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **Sol Kadin**
4.3 STREET ADDRESS **6969 Collins Ave.**
4.4 CITY-ST-ZIP **Miami Beach Fl. 33141**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Eduardo Cabanas**
5.3 STREET ADDRESS **6969 Collins Ave.**
5.4 CITY-ST-ZIP **Miami Beach, Fl. 33141**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Daniel Medina**
6.3 STREET ADDRESS **6969 Collins Ave.**
6.4 CITY-ST-ZIP **Miami Beach, Fl. 33141**

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/1999

Date

Daytime Phone #

CR2E037- (11/98)