

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 709939 (3)

1. Corporation Name

RO-MONT GARDENS ANDOVER CONDOMINIUM "G", INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:13

Principal Place of Business Mailing Address
100 N.W. 204 ST. 100 N.W. 204 ST.
BX 24 BX 24
MIAMI FL 33169 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1965	3a. Date of Last Report 01/27/1994
4. FEI Number 59-1321490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**NELSON-GINA
100 NW 204 STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent
81 Name **ALBERT GALGANO**
82 Street Address (P.O. Box Number is Not Acceptable)
100 N.W. 204 ST. Bldg. G Apt. 20
83 **Miami, Florida**
84 City
85 Zip Code **FL 33169**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE **Albert Galgano Jr** DATE **JAN 21 1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LEONE, JOHN
STREET ADDRESS	100 N W 204 ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	P
NAME	ESPOSITO, FRANK
STREET ADDRESS	100 N W 204 ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	V
NAME	HINES, GERALD
STREET ADDRESS	100 NW 204TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	PUCETTI, TINA
STREET ADDRESS	100 NW 204TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	GALGANO, ANNA
STREET ADDRESS	100 NW 204TH STREET
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	GALGANO, ALBERT
STREET ADDRESS	100 NW 204TH STREET
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Anna Galgano DS** DATE: **JAN. 21 1995**
ALBERT GALGANO DS (Date) **305-720-0715** (Phone Number)