

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV 14 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713935

1. Corporation Name
Palm Spring Gardens Building One
Condominium Association, Inc.

Principal Place of Business Mailing Address

110 Royal Palm Road.
Hialeah, Gardens, FL 33016.

REINSTATEMENT 13-96

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		2b. Tropicana Realty Inc.		59-1321024.		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable	
22		3742 W 12 Ave.		5		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		Hialeah FL		Trust Fund Contribution		Not Applicable	
Zip		Zip		Country		Country	
24		33012		30		DADE	
Country		Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tropicana Realty Inc.
Henry Hernandez
3742 W 12 Avenue.
Hialeah, FL 33012.

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	000002009260--7		
	-11/20/96--01017--023		
	***1636.25 ***1636.25		
	FL		

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

Henry Hernandez

(NOTE: Registered Agent signature required when reinstating)

5/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	TITLE	1.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	2.1 TITLE	TITLE	2.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	3.1 TITLE	TITLE	3.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	4.1 TITLE	TITLE	4.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	5.1 TITLE	TITLE	5.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	6.1 TITLE	TITLE	6.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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 119.07(3)(b), 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:

Agustin Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

Date Daytime Phone #

CFR2037 (12/85)