SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # 713935 (5)

1. Corporation Name,

PALM SPRINGS GARDENS BUILDING ONE CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business	Mailing Address
110 ROYAL PALM RD. HIALEAH FL 33016	~~110 ROYAL PALM RD.~~ ~~HIALEAH FL 33016~~

3. Date Incorporated or Qualified: 01/15/1968

4. FEI Number: 59-1321024 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 2011 W 62 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hialeah FL.
Zip 24 / Country 25	Zip 29 33016 / Country 30 Dade.

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HERNANDEZ, HENRY~~ ~~2011 W 62 ST~~ ~~3742 W 12 AVENUE~~ ~~HIALEAH FL 33016~~	81 Name: Henry Hernandez 82 Street Address (P.O. Box Number is Not Acceptable): 2011 W 62 St 83 84 City: Hialeah FL 85 Zip Code: 33016.

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 HENRY HERNANDEZ 9-10-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ROGELIO		1.2 NAME		
STREET ADDRESS	110 ROYAL PALM ROAD #110		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, CARIDAD		2.2 NAME		
STREET ADDRESS	110 ROYAL PALM ROAD #308		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REGALADO, EMILIO		3.2 NAME		
STREET ADDRESS	110 ROYAL PALM ROAD #217		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~HERNANDEZ, MERCEDES~~		4.2 NAME	DAVALOS, Reinaldo	
STREET ADDRESS	~~110 ROYAL PALM ROAD #201~~		4.3 STREET ADDRESS	110 Royal Palm Rd # 215	
CITY-ST-ZIP	~~HIALEAH GARDENS FL 33016~~		4.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Rogelio Gonzalez 9-10-98 (305) 558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #