

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720318 (5)
 1. Corporation Name
PORT ROYALE CONDOMINIUM, INC.



Principal Place of Business: **6969 COLLINS AVE. MIAMI BEACH FL 33141**
 Mailing Address: **6969 COLLINS AVE. MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified: **02/23/1971** 3a. Date of Last Report: **09/25/1995**
 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

2. Principal Place of Business: **6969 Collins Ave.** 2a. Mailing Address: **6969 Collins Ave.**
 Suite, Apt. #, etc.: **M.** Suite, Apt. #, etc.: **M.**
 City & State: **Miami Beach FL** City & State: **Miami Beach FL**
 Zip: **33141** Country: **USA** Zip: **33141** Country: **USA**

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: **NONE**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83
 84 City: **FL** 85 Zip Code:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVA	<input type="checkbox"/> DELETE
NAME	CRESPI, PEDRO A	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEL AMO, JUAN G	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SVA	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARMANDO	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	SANTIAGO, PALACIOS	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	DINGENTHAL, RUTH	
STREET ADDRESS	6969 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, FELIX	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(3)(k), 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: Pedro A. Crespi Date: 8-8-96 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)