


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720318 (5)**  
 1. Corporation Name  
**PORT ROYALE CONDOMINIUM, INC.**



Principal Place of Business <b>6969 COLLINS AVENUE MIAMI BEACH FL 33141 US</b>	Mailing Address <b>6969 COLLINS AVENUE MIAMI BEACH FL 33141-3201 US</b>
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2. Principal Place of Business <b>21 6969 Collins Ave.</b>		2a. Mailing Address <b>26 6969 Collins Ave</b>		3. Date Incorporated or Qualified <b>02/23/1971</b>		3a. Date of Last Report <b>08/13/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1449993</b>		Applied For Not Applicable	
City & State <b>23 Miami Beach.</b>		City & State <b>28 Miami Beach</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33141</b>		Country <b>25 Dade</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29 33141</b>		Country <b>30 Dade</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>PEDRO, CRESPI A 6969 COLLINS AVE 1104 MIAMI BEACH FL 33141</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Santiago Palacios</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>6969 Collins Ave.</b>			
				83			
				84 City <b>Miami Beach</b>			
				85 Zip Code <b>FL 33141</b>			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPI, PEDRO A		1.2 NAME	Palacios Santiago	
STREET ADDRESS	6969 COLLINS AVE.		1.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami Beach FL. 33141	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL AMO, JUAN G		2.2 NAME	Ortega Angel	
STREET ADDRESS	6969 COLLINS AVE.		2.3 STREET ADDRESS	6969 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	Miami Beach FL. 33141	
TITLE	SVA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ARMANDO		3.2 NAME	Rodriguez Felix	
STREET ADDRESS	6969 COLLINS AVE.		3.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	TVD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO, PALACIOS		4.2 NAME	Fernandez Raul	
STREET ADDRESS	6969 COLLINS AVE		4.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami Beach FL. 33141	
TITLE	DA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINGENTHAL, RUTH		5.2 NAME	Rodriguez Armando	
STREET ADDRESS	6969 COLLINS AVENUE		5.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	Miami Beach FL. 33141	
TITLE	DA	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, FELIX		6.2 NAME	Chao Hector B.	
STREET ADDRESS	6969 COLLINS AVE.		6.3 STREET ADDRESS	6969 Collins Ave.	
CITY-ST-ZIP	MIAMI BCH. FL		6.4 CITY-ST-ZIP	Miami Beach FL. 33141	

14. I do 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.

CR2E037 (9/96)