


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720318** (5)

1. Corporation Name

PORT ROYALE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**6969 COLLINS AVENUE
MIAMI BEACH FL 33141
US**

**6969 COLLINS AVENUE
MIAMI BEACH FL 33141
US**



2. Principal Place of Business		2a. Mailing Address	
21	6969 Collins Ave.	26	6969 Collins Ave.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Miami Beach FL.	28	Miami Beach FL.
Zip	Country	Zip	Country
24	33141 Dade	29	33141 Dade

3. Date Incorporated or Qualified

02/23/1971

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**

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

**PALACIOS, SANTIAGO
6969 COLLINS AVE
MIAMI BEACH FL 33141**

81 Name

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

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	ORTEGA ANGEL	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ RAUL	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARMANDO	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	SANTIAGO, PALACIOS	
STREET ADDRESS	6969 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAO HECTOR B	
STREET ADDRESS	6969 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, FELIX	
STREET ADDRESS	6969 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PV
1.3 STREET ADDRESS	Santiago Palacios
1.4 CITY-ST-ZIP	6969 Collins Ave. M.B. FL. 33141
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	Angel Ortega
2.4 CITY-ST-ZIP	6969 Collins Ave. Miami Beach FL. 33141
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD & T
3.3 STREET ADDRESS	Felix Rodriguez
3.4 CITY-ST-ZIP	6969 Collins Ave Miami Beach FL. 33141
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D.
4.3 STREET ADDRESS	Armando Rodriguez
4.4 CITY-ST-ZIP	6969 Collins Ave. Miami Beach, FL. 33141
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D.
5.3 STREET ADDRESS	Hector Chao
5.4 CITY-ST-ZIP	6969 Collins Ave. Miami Beach, FL. 33141
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D.
6.3 STREET ADDRESS	Alberto Morheim
6.4 CITY-ST-ZIP	6969 Collins Ave. Miami Beach FL. 33141

14. I hereby certify that the information supplied with this filing 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:

Angel Ortega **ANGELO ORTEGA** 4/20/98 866-0789

CR2E037 (10/97)