

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <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 US</b>
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<b>21</b> 2. Principal Place of Business <b>6969 Collins Ave.</b> Suite, Apt. #, etc	<b>2a.</b> Mailing Address <b>6969 Collins Ave.</b> Suite, Apt. #, etc.
<b>22</b> City & State <b>Miami Beach FL.</b>	<b>27</b> City & State <b>Miami Beach FL.</b>
<b>24</b> Zip <b>33141</b>	<b>25</b> Country <b>Dade</b>
<b>29</b> Zip <b>33141</b>	<b>30</b> Country <b>Dade</b>

<b>3.</b> Date Incorporated or Qualified <b>02/23/1971</b>
<b>4.</b> FEI Number <b>59-1449993</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORTEGA ANGEL</b>	1.2 NAME	<b>PV</b>
STREET ADDRESS	<b>6969 COLLINS AVE.</b>	1.3 STREET ADDRESS	<b>Santiago Palacios</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	<b>6969 Collins Ave. M.B. FL. 33141</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNANDEZ RAUL</b>	2.2 NAME	<b>Angel Ortega</b>
STREET ADDRESS	<b>6969 COLLINS AVE.</b>	2.3 STREET ADDRESS	<b>6969 Collins Ave.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Miami Beach FL. 33141</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD &amp; T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ARMANDO</b>	3.2 NAME	<b>Felix Rodriguez</b>
STREET ADDRESS	<b>6969 COLLINS AVE.</b>	3.3 STREET ADDRESS	<b>6969 Collins Ave</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Miami Beach FL. 33141</b>
TITLE	<b>PV</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANTIAGO, PALACIOS</b>	4.2 NAME	<b>Armando Rodriguez</b>
STREET ADDRESS	<b>6969 COLLINS AVE</b>	4.3 STREET ADDRESS	<b>6969 Collins Ave.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Miami Beach, FL. 33141</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAO HECTOR B</b>	5.2 NAME	<b>Hector Chao</b>
STREET ADDRESS	<b>6969 COLLINS AVENUE</b>	5.3 STREET ADDRESS	<b>6969 Collins Ave.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Miami Beach, FL. 33141</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, FELIX</b>	6.2 NAME	<b>Alberto Morheim</b>
STREET ADDRESS	<b>6969 COLLINS AVE.</b>	6.3 STREET ADDRESS	<b>6969 Collins Ave.</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	6.4 CITY-ST-ZIP	<b>Miami Beach FL. 33141</b>

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached form with an address.

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

CR2E037 (10/97)