


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725483
1. Corporation Name
GALEN 250 CONDOMINIUM, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 250 GALEN DRIVE 26 c/o CRYSTAL MANAGEMENT 59 1467658

22 Suite, Apt. #, etc. 27 P.O. Box 14-4757

23 KEY BISCAIYNE, FL. 28 CORAL GABLES, FL.

24 33149 25 DADE 29 33114 30 DADE

3. Date incorporated or Qualified 2-5-73 3a. Date of Last Report

4. FEI Number Applied For
59 1467658 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name MARY CRICK

82 Street Address (P.O. Box Number is Not Acceptable) 2822 S.W. 36 COURT

83

84 City MIAMI FL 85 Zip Code 33133

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 *Mary Crick* DATE 4-3-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/O ANTONIO TARIFA
STREET ADDRESS		1.3 STREET ADDRESS	250 GALEN DR. #33
CITY-ST-ZIP		1.4 CITY-ST-ZIP	KEY BISCAIYNE, FL. 33149
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D
NAME		2.2 NAME	CHRISTOPHER LEGAULT
STREET ADDRESS		2.3 STREET ADDRESS	250 GALEN DR. #32
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T/D RAMON CANCIO
STREET ADDRESS		3.3 STREET ADDRESS	250 GALEN DR #46
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S/D BERTA ANDRIAL
STREET ADDRESS		4.3 STREET ADDRESS	250 GALEN DR. #26
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D INGRID HERVAS
STREET ADDRESS		5.3 STREET ADDRESS	250 GALEN DR #53
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002194343
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/97--01004--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: *Ingrid Hervas* DATE: April 7-1997

Daytime Phone: 305 448 3498

CR2E037 (9/96)

RW 5-15-97