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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 725483 (2)
1. Corporation Name
GALEN 250 CONDOMINIUM, INC.



Principal Place of Business 250 GALEN DR KEY WEST FL 33149	Mailing Address PO BOX 144757 CORAL GABLES FL 33114	3. Date Incorporated or Qualified 02/05/1973	4. FEI Number 59-1467658	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business 250 GALEN DR Suite, Apt. #, etc.	22. Mailing Address 250 GALEN DR Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State KEY BISCAIYNE FL	24. City & State KEY BISCAIYNE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Zip 33149	26. Zip 33149	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Country	28. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CRICK, MARY 2822 SW 36TH COURT MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name ARNOLD CASTRILLO 82 Street Address (P.O. Box Number is Not Acceptable) c/o 250 GALEN DR #46 83 84 City KEY BISCAIYNE FL 85 Zip Code 33149
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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: *Arnold Castriello* ARNOLD CASTRILLO 7-30-98
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 PD	TARAFI, TONY 250 GALEN DR. #33 KEY BISCAIYNE FL 33149	1.1 TITLE PD	CANCIO, RAMON 250 GALEN DR. #46 KEY BISCAIYNE FL 33149
TITLE D	ANDRIAL, BERTA 250 GALEN DR. KEY WEST FL 33149	2.1 TITLE VD	TARAFI, TONY 650 OCEAN DRING #10D KEY, BISCAIYNE FL 33149
TITLE TD	RAMON, CHANCIO 250 GALEN DR. KEY BISCAIYNE FL 33149	3.1 TITLE TD	ANDRIAL, BERTA 250 GALEN DR #26 KEY BISCAIYNE, FL 33149
TITLE D	HERVAS, INGRID 250 GALEN RD. #53 KEY BISCAIYNE FL 33149	4.1 TITLE SD	CARBALLO, BILL 250 GALEN DR #35 KEY BISCAIYNE, FL 33149
TITLE VD	LEGAULT, CHRIS 250 GALEN RD. KEY BISCAIYNE FL 33149	5.1 TITLE D	DEBS, TONY 9230 SW 34th STREET MIAMI, FL 33165
TITLE		6.1 TITLE	
TITLE		6.2 TITLE	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. I 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 of 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: *Ramon J. Cancio* RAMON J. CANCIO 30 JULY 98 (305) 261-4434
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)