

**FILE NOW: FILING FEE IS \$61.25**

\*NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 726594 (5)**  
1. Corporation Name  
**ALMERIA GARDENS CONDOMINIUM, INC.**



Principal Place of Business: **30 ALMERIA AVE #8 CORAL GABLES FL 33134-3119**  
Mailing Address: **30 ALMERIA AVE #8 CORAL GABLES FL 33134-3119**

3. Date Incorporated or Qualified: **06/04/1973**  
3a. Date of Last Report: **02/16/1995**

21. Principal Place of Business <b>P/O ASSOCIATES MGMT. SERVICE</b>	22. Suite, Apt. #, etc. <b>275 FOUNTAINBLEAU BLVD. #100</b>	23. City & State <b>MIAMI FL</b>	24. Zip <b>33172</b>	25. Country <b>USA</b>	26. Mailing Address <b>P/O ASSOCIATES MGMT. SERVICE</b>	27. Suite, Apt. #, etc. <b>275 FOUNTAINBLEAU BLVD #100</b>	28. City & State <b>MIAMI FL</b>	29. Zip <b>33172</b>	30. Country <b>USA</b>	4. FEI Number <b>59-1595663</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required <b>\$8.75</b> May Be Added to Fees <b>\$5.00</b>		

9. Name and Address of Current Registered Agent  
**PALMERO, YOLANDA  
28 ALMERIA AVE  
APT #4  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name: **ASSOCIATES MANAGEMENT SERVICES, INC.**  
82. Street Address (P.O. Box Number is Not Acceptable): **275 FOUNTAINBLEAU BLVD #100**  
83. City: **MIAMI, FL 33172**  
84. City: **MIAMI, FL 33172**  
85. Zip Code: **FL 33172**

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: **ASSOCIATES MANAGEMENT SERVICE** *[Signature]* **3-13-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b><del>PALMERO, YOLANDA</del></b>	
STREET ADDRESS	<b><del>28 ALMERIA AVENUE, APT. #4</del></b>	
CITY-ST-ZIP	<b><del>CORAL GABLES, FL 00000</del></b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>FLOREZ, DELIA</b>	
STREET ADDRESS	<b>28-42 ALMERIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>TOWNSEND, VIRGINIA</b>	
STREET ADDRESS	<b>28-42 ALMERIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>THOMSON, JOHN</b>	
STREET ADDRESS	<b>28-42 ALMERIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>TONKIN, LOIS</b>	
STREET ADDRESS	<b>2842 ALMERIA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MANUEL, WAMONTE J</b>	
STREET ADDRESS	<b>1541 BRICKELL AVE., #3105</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>(P)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>ARAMIS O'REILLY</b>		
1.3 STREET ADDRESS	<b>28 ALMERIA #7</b>		
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
2.1 TITLE	<b>(T)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>ESTHER SUAREZ</b>		
2.3 STREET ADDRESS	<b>34 ALMERIA #10</b>		
2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
3.1 TITLE	<b>(S)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>JUAN GONZALEZ</b>		
3.3 STREET ADDRESS	<b>242 VIZCAYA AVE</b>		
3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
4.1 TITLE	<b>(D)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>MARIA A TIO</b>		
4.3 STREET ADDRESS	<b>837 WALLACE ST.</b>		
4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
5.1 TITLE	<b>(D)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>JOHN THOMSON, ESQ.</b>		
5.3 STREET ADDRESS	<b>370 MINORCA</b>		
5.4 CITY-ST-ZIP	<b>CORAL GABLES, FL</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Aramis O'Reilly** *[Signature]* **PRESIDENT** **5/13/96** **305-446-2621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)