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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
C/O ASSOCIATES MANAGEMENT SERVICE
275 FOUNTAINBLEAU BLVD #100
MIAMI FL 33172 US

3. Date Incorporated or Qualified 06/04/1973
3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 SUITE 145 27 SUITE 145
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-1595663 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ASSOCIATES MANAGEMENT SERVICES INC
275 FOUNTAINBLEAU BLVD
SUITE 100
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 145
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: *Juan Arango* DATE: 3/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'REILLY, ARAMIS		1.2 NAME
STREET ADDRESS: 28 ALMERIA #7		1.3 STREET ADDRESS
CITY-ST-ZIP: CORAL GABLES FL		1.4 CITY-ST-ZIP
TITLE: T	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUAREZ, ESTHER		2.2 NAME: PD ESTHER SUAREZ
STREET ADDRESS: 34 ALERIA #10		2.3 STREET ADDRESS: 34 ALMERIA
CITY-ST-ZIP: CORAL GABLES, FL 00000		2.4 CITY-ST-ZIP: CORAL GABLES, FL 33134
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GONZALEZ, JUAN		3.2 NAME: SD GONZALEZ, JUAN
STREET ADDRESS: 242 VIZCAYA AVENUE		3.3 STREET ADDRESS: 242 VIZCAYA AVE
CITY-ST-ZIP: CORAL GABLES FL		3.4 CITY-ST-ZIP: CORAL GABLES, FL
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TIO, MARIA		4.2 NAME
STREET ADDRESS: 837 WALLACE STREET		4.3 STREET ADDRESS
CITY-ST-ZIP: CORAL GABLES, FL 00000		4.4 CITY-ST-ZIP
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMSON, JOHN		5.2 NAME: TD THOMSON, JOHN
STREET ADDRESS: 370 MINORCA		5.3 STREET ADDRESS: 370 MINORCA
CITY-ST-ZIP: CORAL GABLES FL		5.4 CITY-ST-ZIP: CORAL GABLES FL
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MANUEL, WAMONTE J		6.2 NAME
STREET ADDRESS: 1541 BRICKELL AVE., #3105		6.3 STREET ADDRESS
CITY-ST-ZIP: MIAMI FL		6.4 CITY-ST-ZIP

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: *[Signature]* DATE: 1/20/97 DAYTIME PHONE: 220-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)