

APPROVED  
AND  
FILED

98 OCT 15 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS \$61.25.

NON-PROFIT 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 # 729034  
1. Corporation Name  
ROYAL POINCIANA CONDOMINIUM, INC.  
C/O AMERICA F&H MANAGEMENT REALTY, INC.

Principal Place of Business 2011 W. 62 ST. HIALEAH, FL 33016	Mailing Address 2011 W. 62 ST. HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/05/74	
21		26		4. FEI Number 59-1577347	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NESTOR ALVAREZ 2011 W. 62 ST. CORAL GABLES, FL 33016				10. Name and Address of New Registered Agent			
				81. Name HENRY HERNANDEZ			
				82. Street Address (P.O. Box Number is Not Acceptable) 2011 W. 62 ST.			
				83.			
				84. City HIALEAH	85. FL	Zip Code 33016	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Henry Hernandez* HENRY HERNANDEZ 08/31/98  
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 D/P	OSCAR GIRALDO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	500002668195			
NAME	309 S. ROYAL POINCIANA	1.2 NAME		-10/20/98-01059-018			
STREET ADDRESS	MIAMI SPRINGS, FL 33166	1.3 STREET ADDRESS		*****70.00 *****70.00			
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
TITLE D/T	CRISTINA AYNAT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	309 S. ROYAL POINCIANA	2.2 NAME					
STREET ADDRESS	MIAMI SPRINGS, FL 33166	2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE D/S	FANNY GUTIERREZ <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	309 S. ROYAL POINCIANA	3.2 NAME					
STREET ADDRESS	MIAMI SPRINGS, FL 33166	3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE D/VP	JOSE CHIPPI <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	10-16-98			
NAME	309 S. ROYAL POINCIANA	4.2 NAME					
STREET ADDRESS	MIAMI SPRINGS, FL 33166	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Hernandez* 08/31/98 (305) 558-9820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(10/97)