

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90078 027 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729034
 1. Corporation Name
ROYAL POINCIANA CONDOMINIUM, INC.

Principal Place of Business: C/O AMERICAN F & H MANAGEMENT REALTY INC, 2011 W. 62 ST., HIALEAH FL 33016
 Mailing Address: C/O AMERICAN F & H MANAGEMENT REALTY INC, 2011 W. 62 ST., HIALEAH FL 33016



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
 3. Date Incorporated or Qualified (31) **03/05/1974**
 4. FEI Number (32) **59-1577347** Applied For (33) Not Applicable
 5. Certificate of Status Desired (34) **\$8.75** Additional Fee Required
 6. Election Campaign Financing (35) **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent (36)
HERNANDEZ, HENRY
2011 WEST 62 ST.
CORAL GABLES FL 33016

10. Name and Address of New Registered Agent (37)
 81 Name (38)
 82 Street Address (P.O. Box Number is Not Acceptable) (39)
 83 (40)
 84 City (41) **FL** 85 Zip Code (42)

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 (43) _____ DATE (44) _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIRALDO, OSCAR | 1.2 NAME | |
| STREET ADDRESS | 309 SOUTH ROYAL POINCIANA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | 1.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AYNAT, CRISTINA | 2.2 NAME | |
| STREET ADDRESS | 309 S. ROYAL POINCIANA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTIERREZ, FANNY | 3.2 NAME | |
| STREET ADDRESS | 309 S. ROYAL POINCIANA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | 3.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHIPPI, JOSE | 4.2 NAME | |
| STREET ADDRESS | 309 S. ROYAL POINCIANA | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cristina Aynat* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (5/99)