

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 18 1997 8:00am  
Secretary of State

DOCUMENT # N50151 (2)  
1. Corporation Name  
ROBERT KING HIGH RESIDENT ASSOCIATION INC.



Principal Place of Business Mailing Address  
C/O POE. ELIZABETH C/O POE. ELIZABETH  
1401 NORTHWEST 7TH STREET, BLDG. F 1401 NORTHWEST 7TH STREET, BLDG. F  
MIAMI FL 33125 MIAMI FL 33125  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/31/1992	3a. Date of Last Report 01/29/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

OLIVER, MONICA  
1401 NW 7TH ST.  
BUILDING F  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, EMERITA	
STREET ADDRESS	1405 NW 7TH ST, SUITE 817	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OCEGUERA, NARCISO	
STREET ADDRESS	1405 N.W. 7TH STREET, STE. 618	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, RAFAELA	
STREET ADDRESS	1403 NORTHWEST 7TH STREET, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLEGOS, OLGA	
STREET ADDRESS	1405 NORTHWEST 7TH STREET, SUITE 315	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARMINE, MARGARET	
STREET ADDRESS	1405 NORTHWEST 7TH STREET, SUITE 512	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSLEY, FLORENCE	
STREET ADDRESS	1403 NORTHWEST 7TH STREET, SUITE 210	
CITY-ST-ZIP	MIAMI FL 33125	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARANDA, ROSALINA	
1.3 STREET ADDRESS	1405 N.W. 7 st. STE 220	
1.4 CITY-ST-ZIP	MIAMI FL 33125	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOMEZ, HILDA	
2.3 STREET ADDRESS	1405 N.W. 7 st. STE 1014	
2.4 CITY-ST-ZIP	MIAMI, FL 33125	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PEREZ, OLGA	
3.3 STREET ADDRESS	1405 N.W. 7 st. STE 725	
3.4 CITY-ST-ZIP	MIAMI FL 33125	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAEON, LUZ	
4.3 STREET ADDRESS	1405 N.W. 7 st. STE 408	
4.4 CITY-ST-ZIP	MIAMI FL 33125	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Rafaela Aranda* REQUIRED

Aug 12 1997 (2nd) 1111-5295

CR2E037 (4/97)