

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005731 (3)
1. Corporation Name
PALM SPRINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1840 WEST 49TH STREET SUITE 520 HIALEAH FL
Mailing Address: 1840 WEST 49TH STREET SUITE 520 HIALEAH FL 33012-2950

3. Date incorporated or Qualified: 12/05/1995
3a. Date of Last Report: 09/20/1996
2. Principal Place of Business: 21 655 W 68 ST, Suite, Apt. #, etc. #2, City & State HIALEAH FLA, Zip 33014, Country USA
2a. Mailing Address: 26 605 W 68 ST, Suite, Apt. #, etc. #2, City & State HIALEAH FLA, Zip 33014, Country USA
4. FEI Number: APPLIED FOR (65-0754068)
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: LIEBERMAN, ARNOLD ESQ., 1840 WEST 49TH STREET SUITE 520 HIALEAH FL
10. Name and Address of New Registered Agent: 81 Name - LAZARO SOSA, 82 Street Address (P.O. Box number is Not Acceptable) 655 W 68 ST # 7, 83, 84 City HIALEAH FL, 85 Zip Code 33014

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 617.1503, Florida Statutes.
SIGNATURE: [Signature] LAZARO SOSA, DATE: 6/13/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, MANUEL	
STREET ADDRESS	1020 WEST 37TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, SANDRA C	
STREET ADDRESS	1020 WEST 37TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RIOCABO, ALEJANDRO	
STREET ADDRESS	825 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	ARGELIO MOLINA	
1.4 CITY-ST-ZIP		
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JORGE STANCHIU	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARGELIO MOLINA	
3.3 STREET ADDRESS	605 W 68 ST # 7	
3.4 CITY-ST-ZIP	HIALEAH FLA 33014	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JORGE STANCHIU	
4.3 STREET ADDRESS	605 W 68 ST # 2	
4.4 CITY-ST-ZIP	HIALEAH FLA 33014	
5.1 TITLE	STD RAFAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAFAEL LOPEZ	
5.3 STREET ADDRESS	605 W 68 ST # 11	
5.4 CITY-ST-ZIP	HIALEAH FLA 33014	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002225378	
6.3 STREET ADDRESS	-06/27/97--01005--029	
6.4 CITY-ST-ZIP	***61.25	

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] ARGELIO MOLINA, DATE: 6/15/97

CR2E037 (9/96)