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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000000753 (1)**

1. Corporation Name

VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
6855 ABBOTT AVENUE MIAMI BEACH, FL 33141	P. O. BOX 4505 MIAMI BEACH, FL 33141

3. Date Incorporated or Qualified: 02/13/1996
3a. Date of Last Report:

21 2. Principal Place of Business: VILLA ROYAL OF MIAMI CONDOMINIUM	26 2a. Mailing Address: P.O. Box 4505
22 Suite, Apt. #, etc.: 6855 ABBOTT AVE.	27 Suite, Apt. #, etc.:
23 City & State: MIAMI BEACH FL	28 City & State: MIAMI BEACH FL
24 Zip: 33141 / 25 Country: DADE	29 Zip: 33141 / 30 Country: DADE

4. FEI Number: 65-0645736 ☐ 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

SKRL, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

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 _____ DATE
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	PTD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARIN, GUSTAVO		1.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE. UNIT 401		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141		1.4 CITY-ST-ZIP	
TITLE	VDD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAAVEDRA, MANUEL		2.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE. UNIT 401		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141		2.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMONIAN, BLANCA		3.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE. UNIT 401		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141		3.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RODOLFO SUAZO		4.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE UNIT 303		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		4.4 CITY-ST-ZIP	
TITLE	VDD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ISRAEL ALBO		5.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE UNIT 204		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MARIA SANCHEZ		6.2 NAME	
STREET ADDRESS	6855 ABBOTT AVE UNIT 302		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Rodolfo Suazo VICE-President 4/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0028947