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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000000753**

1. Corporation Name
VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
6855 ABBOTT AVE MIAMI BCH FL 33141 US	P O BOX 4505 MIAMI BCH FL 33141 US

2. Principal Place of Business 21	2a. Mailing Address 26 AMERICA MANAGEMENT & REALTY	3. Date Incorporated or Qualifed 02/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2011 WEST 62 STREET	4. FEI Number 65-0645736 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 HIALEAH FL	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33016 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 AMERICA MANAGEMENT & REALTY
82 Street Address (P.O. Box Number is Not Acceptable) 2011 WEST 62 STREET
83
84 City HIALEAH FL 85 Zip Code 33016

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	VPD	☐ Change ☒ Addition
NAME	~~GUAZO, RODOLFO~~		1.2 NAME	SANCHEZ, RAUL	
STREET ADDRESS	~~6855 ABBOTT AVE UNIT 303~~		1.3 STREET ADDRESS	6855 ABBOTT AVE. UNIT 401	
CITY-ST-ZIP	~~MIAMI BCH FL~~		1.4 CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	VDD	☐ DELETE	2.1 TITLE	PTD	☒ Change ☐ Addition
NAME	ALBO, ISRAEL		2.2 NAME	ALBO, ISRAEL	
STREET ADDRESS	6855 ABBOTT AVE UNIT 204		2.3 STREET ADDRESS	6855 ABBOTT AVE. UNIT 204	
CITY-ST-ZIP	MIAMI BCH FL		2.4 CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, MARIA		3.2 NAME		
STREET ADDRESS	6855 ABBOTT AVE UNIT 202		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ➤ SIGNATURE REQUIRED 2/22/99 (305) 558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #