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PROFIT CORPORATION **ANNUAL REPORT**

1997

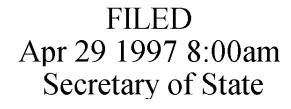


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500049638 (6)
ATLANTIC ROSE CONDOMINIUM ASSOCIATION, INC.





Principal Place of Business B816 COLLINS AVE: MIAMI BEACH FL 33154 US		8816 COLLIN	Mailing Address 8816 COLLINS AVE. MIAMI BEACH FL 33154-3529 US			Date Incorporated or Qualified			
						06/26/1995	05/0	1/1996	,oport
	Place of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26				65-0602120 Not Applicable			
Sulte, Apt.	#, 01C.	Suite, Ap	4. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	te .	City & St	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	ļ	Country	•	8. This corporation has liability for			199.032,
24	25 9. Name and Address of Cur	[29]	30			Florida Statutes L 10. Name and Address of New Re	Yes [
CAL	AZAR, GONZALO R	IBIII NOBISIBIBO ABO	· · · · · · · · · · · · · · · · · · ·	81	Name	10, Name and Address of New Re	gistered A	gent	
	STONEMONT DRIVE								
	LAUDERDALE FL 33326		82 Street Ac			ddress (P.O. Box Number is Not Acceptable)			
	RIABINITE IF AAAFA			83					
				84	City			85 Zip	Code
				Ļ_		poration submits this statement for the p	FL		
SIGNATURE		AND DIRECTORS		13.	nt signature requ	ulred when reinstaling) ADDITIONS/CHANGES TO OFFIC			
TITLE	TORPOCO, RAUL V	L		1.1 TITLE] Change	Addition
NAME STREET ADDRESS	8816 COLLINS AVE.			1,2 NAME	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		1	1.3 STREET 1.4 City - S					
TITLE	P			2.1 TITLE	1-211			Change	Addition
NAME	SALAZAR, GONZALO			2.2 NAME			-		
STREET ADDRESS	422 STONEMONT DR			2.3 STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	FT LAUDERDALE FL			2. 4 CITY - 1	ST - ZIP	·			
TITLE			DETELE	3.1 7(TLE			56.	Change	Addition
NAME	•			3.2 NAME					
STREET ADDRESS				3.3 STREET	i				
CITY-ST-ZIP TITLE		т		3.4. CITY - 3 4.1 TITLE	ST - ZIP			Change	Addition
NAME		L.		4. 2 NAME			Ļ	— cusufie	ר"ו אממונומט
STREET ADDRESS			i i	4.3 STREET	ADDRESS				
CITY-ST-ZIP	,			4.4 CITY - S					
TITLE		L	DECE 225	5.1 TITLE	- 5		Ţ	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREFT	ADDRESS				
CITY-ST-ZIP				5.4 CHY-S	1 - ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME			1	6.2 NAME					
STREET ADDRESS				6.3 STREE1	ADDRESS				
CITY-ST-ZIP			1	RAINITY. S	1 7 D				

14. I do hereby certify that the information supplied with this filling 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an application of the corporation of the corporatio