FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED ANNUAL REPORT

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000049638 (6)*

1. Corporation Name
ATLANTIC ROSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8816 Collins Avenue *Surfside, FL 33154* *US*	*1390 Brickell Avenue* *Suite 200* *Miami, Florida 33131* *US*

3. Date Incorporated or Qualified: *06/26/1995*
3a. Date of Last Report: *04/29/97*

2. Principal Place of Business	2a. Mailing Address
21 *8816 Collins Avenue*	26 *1390 Brickell Avenue*
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 *Suite 200*
City & State 23 *Suffside FL 33154*	City & State 28 *Miami, Florida 33131*
Zip / Country 24 *33154* 25 *USA*	Zip / Country 29 *33131* 30 *USA*

4. FEI Number: *65-0602120* ☐ 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	10. Name and Address of New Registered Agent
Gonzalo Salazar *422 Stonemont Drive* *Ft. Lauderdale, FL 33126*	81 Name: *Alvaro Castillo B.* 82 Street Address (P.O. Box Number is Not Acceptable): *1390 Brickell Avenue* 83 *Suite 200* 84 City: *Miami* **FL** 85 Zip Code: *33131*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Gonzalo Salazar* DATE: *8-4-97*
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	*D* *Rauly V. Torpoco* *8816 Collins Avenue* *Surfside, FL 33154*	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	*D/P* *Raymundo torpoco* *1390 Brickell Avenue, Suite 200* *Miami, Florida 33131*	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*P* *Gonzalo Salazar* *422 Stonemont Drive* *Ft. Lauderdale, Florida 33326*	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	*D/S/T* *Daysi Torpoco* *1390 Brickell Avenue, Suite 200* *Miami, Florida 33131*	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	500002323545--5 -10/17/97--01113--007 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymundo Torpoco* *(305) 371-5540*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #