

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 138847 (9)

1. Corporation Name
BEVERLY TERRACE PLACE INC



Principal Place of Business 3300 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address 3300 BISCAYNE BLVD. MIAMI FL 33137-3639
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3. Date Incorporated or Qualified 03/29/1940	3a. Date of Last Report 04/15/1996
4. FEI Number 59-0163345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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g. Name and Address of Current Registered Agent KUNCAS, THOMAS 3300 BISCAYNE BLVD #A3 MIAMI FL 33137	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RICHMOND, TULLIE		1.2 NAME	
STREET ADDRESS 3300 BISCAYNE BLVD		1.3 STREET ADDRESS 3300 BISCAYNE BLVD *E-1	
CITY - ST - ZIP MIAMI, FL 00000		1.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KUNCAS, THOMAS		2.2 NAME	
STREET ADDRESS 3300 BISCAYNE BLVD.		2.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP	
TITLE TDV	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CAFIERO, LAWRENCE		3.2 NAME D/S	
STREET ADDRESS 3300 BISCAYNE BLVD		3.3 STREET ADDRESS 3300 BISCAYNE BLVD *F-2	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHRIST, LEILA		4.2 NAME D/V	
STREET ADDRESS 3300 BISCAYNE BLVD #D-2		4.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		4.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME JOHN HOWARD ACTON		5.2 NAME	
STREET ADDRESS 3300 BISCAYNE BLVD *D-1		5.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33137		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Thomas W. Kuncas **THOMAS W. KUNCAS** **3/9/97** **305-573-0932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)