

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 222763 (5)

1. Corporation Name
BROWNSTONE COOPERATIVE APARTMENTS INC



Principal Place of Business: 10178 COLLINS AVENUE, BAL HARBOUR, MIAMI BEACH FL 33154

Mailing Address: 10178 COLLINS AVENUE, BAL HARBOUR, MIAMI BEACH FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 04/20/1959

4. FEI Number: 59-0868107

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
QUINONES, FAUSTO
 10178 COLLINS AVE, APT 107
 BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent (81-85)

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

TITLE NAME	SD WELSTEAD, ROSEMARY	<input type="checkbox"/> DELETE
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL 00000	
TITLE NAME	ATD YESULAITIS, JOHN	<input type="checkbox"/> DELETE
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL 00000	
TITLE NAME	VD OVID, VEZZA M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE NAME	PD FRADERA, RICARDO	<input type="checkbox"/> DELETE
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL 00000	
TITLE NAME	ASD JACOBI, JOEL	<input type="checkbox"/> DELETE
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY ANN POWELL
3.3 STREET ADDRESS	10178 COLLINS AVE
3.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE _____

CR2E034 (10/97)