

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

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**Apr 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 624829 (8)**  
1. Corporation Name:  
**BEECH MOUNTAIN DEVELOPMENT CORP.**



Principal Place of Business: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133**  
Mailing Address: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133-5309**

3. Date Incorporated or Qualified: **07/18/1979** 3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-1929319** 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  
10. Name and Address of New Registered Agent

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

**9. Name and Address of Current Registered Agent**

**ROTHSTEIN, LAWRENCE  
2701 SOUTH BAYSHORE DRIVE, PENTHOUSE  
MIAMI FL 33133**

**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **85** Zip Code **FL**

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**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WIENER, MAURICE</b>	
STREET ADDRESS	<b>2701 S. BAYSHORE DR</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTHSTEIN, LAWRENCE</b>	
STREET ADDRESS	<b>2701 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, LEE</b>	
STREET ADDRESS	<b>2701 S BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>VSC</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMAROTTI, CARLOS</b>	
STREET ADDRESS	<b>2701 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>CRANK, KEITH W.</b>	
STREET ADDRESS	<b>2701 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Lawrence Rothstein* 3/12/97 305-854-6803

CR2E034 (9/96)