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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 012 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 624829

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1979

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 owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	WIENER, MAURICE	2701 S. BAYSHORE DR	COCONUT GROVE FL	<input type="checkbox"/>
DVP	ROTHSTEIN, LAWRENCE	2701 S BAYSHORE DR	COCONUT GROVE FL	<input type="checkbox"/>
VSC	CAMAROTTI, CARLOS	2701 SOUTH BAYSHORE DRIVE	COCONUT GROVE FL	<input type="checkbox"/>
AS	CRANK, KEITH W.	2701 S BAYSHORE DR	COCONUT GROVE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<input checked="" type="checkbox"/>
1.2 NAME	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	<input checked="" type="checkbox"/>
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
2.1 TITLE	<input checked="" type="checkbox"/>
2.2 NAME	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS	<input checked="" type="checkbox"/>
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
3.1 TITLE	<input checked="" type="checkbox"/>
3.2 NAME	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS	<input checked="" type="checkbox"/>
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
4.1 TITLE	<input checked="" type="checkbox"/>
4.2 NAME	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS	<input checked="" type="checkbox"/>
4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

(305) 854-6807
Daytime Phone #

CR2E034 (11/98)