

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710111 (6)**  
1. Corporation Name  
**BEACH MANOR CONDOMINIUM, INC.**



Principal Place of Business <b>% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139</b>	Mailing Address <b>% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139</b>
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3. Date Incorporated or Qualified  
**12/28/1965**

4. FEI Number  
**59-1159534**

Applied For	Not Applicable
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. 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  
**WACKER, MICHAEL A  
345 MICHIGAN AVENUE #29  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>LEACH, DANIEL</b>
STREET ADDRESS	<b>345 MICHIGAN AVENUE #32</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, SEGUNDO O</b>
STREET ADDRESS	<b>2660 NW 18TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MIROSLAUA, UGALDE</b>
STREET ADDRESS	<b>345 MICHIGAN AVNEUE #26</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>WACKER, MICHAEL A</b>
STREET ADDRESS	<b>345 MICHIGAN AVENUE #29</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>SIO, REYNALDO</b>
STREET ADDRESS	<b>345 MICHIGAN AVENUE #4</b>
CITY-ST-ZIP	<b>MIAMI BEACH 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Klein, Rudiger</b>
3.3 STREET ADDRESS	<b>1418 Collins Ave., #401</b>
3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Zjacic, Borislav</b>
5.3 STREET ADDRESS	<b>6039 Collins Ave., #1003</b>
5.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 26 Feb 98 (305) 532-9412

CR2E037 (1097)