FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

**FILED
Mar 05 1998 8:00am
Secretary of State**

DOCUMENT # 710111   (6)

1. Corporation Name

BEACH MANOR CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139	% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
12/28/1965

4. FEI Number **59-1159534** | Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State [23]	City & State [28]	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
Zip [24]	Country [25]	Zip [29]	Country [30]	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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85	Zip Code

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 _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE NAME **LEACH, DANIEL** STREET ADDRESS **345 MICHIGAN AVENUE #32** CITY-ST-ZIP **MIAMI BEACH FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** ☐ DELETE NAME **GONZALEZ, SEGUNDO O** STREET ADDRESS **2660 NW 18TH TERRACE** CITY-ST-ZIP **MIAMI FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** ☐ DELETE NAME **MIROSLAUA, UGALDE** STREET ADDRESS **345 MICHIGAN AVNEUE #26** CITY-ST-ZIP **MIAMI BEACH FL**		3.1 TITLE 3.2 NAME Klein, Rudiger 3.3 STREET ADDRESS 1418 Collins Ave.,#401 3.4 CITY-ST-ZIP Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE **ST** ☐ DELETE NAME **WACKER, MICHAEL A** STREET ADDRESS **345 MICHIGAN AVENUE #29** CITY-ST-ZIP **MIAMI BEACH FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **ST** ☐ DELETE NAME **SIO, REYNALDO** STREET ADDRESS **345 MICHIGAN AVENUE #4** CITY-ST-ZIP **MIAMI BEACH FL**		5.1 TITLE 5.2 NAME Zjacic, Borislav 5.3 STREET ADDRESS 6039 Collins Ave., #1003 5.4 CITY-ST-ZIP Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Michael A. Wacker_   26 Feb 98   (305)532-9412

CR2EO37 (10/97)