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**Jan 27 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 710630 (5)

**1. Corporation Name
MIAMI BEACH BAR ASSOCIATION**



Principal Place of Business
420 LINCOLN RD.
STE 437
MIAMI BEACH FL 33139
US

Mailing Address
420 LINCOLN RD.
STE 437
MIAMI BEACH FL 33139-3015
US

3. Date Incorporated or Qualified 03/29/1966
3a. Date of Last Report 02/26/1996

2. Principal Place of Business
21 **825 ARTHUR GODFREY ROAD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. BOX 402099**
Suite, Apt. #, etc.

4. FEI Number 59-2291789
Applied For Not Applicable

22 City & State
MIAMI BEACH, FL

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

23 City & State
MIAMI BEACH, FL

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

24 Zip **33140** **25** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAY, SCOTT R.
420 LINCOLN ROAD #327
MIAMI BEACH FL 33139

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input type="checkbox"/> DELETE
NAME	STARR, IVAR M.
STREET ADDRESS	420 LINCOLN ROAD SUITE 437
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	STARR, IVAN
STREET ADDRESS	420 LINCOLN RD., #437
CITY - ST - ZIP	MIAMI BCH. FL 33139
TITLE	FVPD <input type="checkbox"/> DELETE
NAME	CYPEN, MYLES
STREET ADDRESS	825 ARTHUR GODFREY RD., 4TH FLOOR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	2VP <input type="checkbox"/> DELETE
NAME	PREIRA, RICHARD J.
STREET ADDRESS	777 ARTHUR GODFREY ROAD, 4TH FLOOR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	3VP <input type="checkbox"/> DELETE
NAME	SOBEL, AARON R
STREET ADDRESS	420 LINCOLN RD. STE. 370
CITY - ST - ZIP	MIAMI BCH FL 33139
TITLE	T <input type="checkbox"/> DELETE
NAME	GILLER, BRIAN J
STREET ADDRESS	975 41ST. ST. STE. 601
CITY - ST - ZIP	MIAMI BEACH FL 33140

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CYPEN, MYLES
1.3 STREET ADDRESS	825 ARTHUR GODFREY ROAD
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
2.1 TITLE	PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PREIRA, RICHARD J.
2.3 STREET ADDRESS	777 ARTHUR GODFREY ROAD, 4TH FLOOR
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOBEL, AARON R.
3.3 STREET ADDRESS	420 LINCOLN ROAD, STE. 370
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GILLER, BRIAN J.
4.3 STREET ADDRESS	975 ARTHUR GODFREY ROAD, PH
4.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CYPEN, WAYNE A.
5.3 STREET ADDRESS	825 ARTHUR GODFREY ROAD
5.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GIMENEZ, BARBARA B.
6.3 STREET ADDRESS	420 LINCOLN ROAD, STE. 600
6.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139

14. I do 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: *Myles Cypen, as Pres.* **1/14/97** **(305) 532-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027402

CR2E037 (9/96)