

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 825 ARTHUR GODFREY ROAD, STE 437, MIAMI BEACH FL 33140, US  
 Mailing Address: P.O. BOX 402099, STE 437, MIAMI BEACH FL 33140, US

3. Date Incorporated or Qualified: 03/29/1966  
 4. FEI Number: 59-2291789  
 Applied For: Not Applicable

2. Principal Place of Business: 21 910 Richard J. Preira, Suite, Apt. #, etc. 22 777 Arthur Godfrey Rd. 4th Floor, City & State 23 Miami Beach, FL, Zip 24 33140, Country 25 USA

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: JAY, SCOTT R., 420 LINCOLN ROAD #327, 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, 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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CYPEN, MYLES	
STREET ADDRESS	825 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	PREIRA, RICHARD J.	
STREET ADDRESS	777 ARTHUR GODFREY ROAD, 4TH FLOOR	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOBEL, AARON R.	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 370	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILLER, BRIAN J.	
STREET ADDRESS	975 ARTHUR GODFREY ROAD, PH	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CYPEN, WAYNE A.	
STREET ADDRESS	825 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIMENEZ, BARABARA B.	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 600	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce S. Reich	
1.3 STREET ADDRESS	1111 Lincoln Rd. # 802	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PEO	<input checked="" 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	VD	<input checked="" 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)(l), 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: \_\_\_\_\_ DATE: 7-15-98 (305) 386493  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)