

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 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 # 726441 (9)
1. Corporation Name
BEACON MANOR CONDOMINIUM INC.



Principal Place of Business: 104 ANTIQUERA #7, CORAL GABLES FL 33134, US
Mailing Address: 104 ANTIQUERA #7, CORAL GABLES FL 33134, US

3. Date Incorporated or Qualified: 05/18/1973
4. FEI Number: 59-1672459
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MARIA E. BRODERICK, 104 ANTIQUERA AVE., APT #7, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, SERGIO	
STREET ADDRESS	104 ANTIQUERA AVENUE APT. 6	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, SYLVIA	
STREET ADDRESS	613 OCEAN DR., APT. 11-C	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRODERICK, MARIA E.	
STREET ADDRESS	104 ANTIQUERA AVENUE APT. 7	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT #7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIA E. BRODERICK	
1.3 STREET ADDRESS	104 ANTIQUERA, APT. 7	
1.4 CITY-ST-ZIP	CORAL GABLES, FL, 33134	
2.1 TITLE	VICE-PRESIDENT, "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSAPINA GONZALEZ	
2.3 STREET ADDRESS	104 ANTIQUERA, APT. 6	
2.4 CITY-ST-ZIP	CORAL GABLES, FL, 33134	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SYLVIA BERNSTEIN	
3.3 STREET ADDRESS	613 OCEAN DR., APT. 11-C	
3.4 CITY-ST-ZIP	KEY BISCAYNE, FL, 33149	
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		<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: Maria E. Broderick 04-28-98 (305) 443-5175

CP2E037 (10/97)