


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90123 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751019**

1. Corporation Name  
**BEN-MOL CONDOMINIUM ASSOCIATION, INC.**

\* 2 7 272243 - 90108 - 26 3 \*

Principal Place of Business 7325-7327 MIAMI BCH FL 33141 US	Mailing Address 7327 BYRON AVENUE MIAMI BCH FL 33141 US
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*7325-7327 BYRON AVE. MIAMI BEACH*

2. Principal Place of Business 21	2a. Mailing Address 28 <i>7327 BYRON AVE</i>	3. Date Incorporated or Qualified <b>02/13/1980</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0666997</b>
23 City & State <i>MIAMI BEACH FL</i>	28 City & State <i>MIAMI BEACH FL</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <i>33141</i>	29 Zip <i>33141</i>	30 Country <i>USA</i>
9. Name and Address of Current Registered Agent <b>URIBE, CONSUELO</b> 7327 BYRON AVE #3 MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent 81 Name <i>FELIPE DE LA PAZ</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>7325 BYRON AVE APT # 2</i> 83 84 City <i>MIAMI BEACH</i> FL 85 Zip Code <i>33141</i>

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 *FELIPE DE LA PAZ* *Felipe de la Paz* DATE *3/25/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DE LA PAZ, MELIDA	1.2 NAME	
STREET ADDRESS	7325 BYRON AVE. #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	DE LA PAZ, FELIPE	2.2 NAME	
STREET ADDRESS	7325 BYRON AVE #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	URIBE, CONSUELO	3.2 NAME	
STREET ADDRESS	7327 BYRON AVE #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *2/21/99*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)