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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751049 (8)

1. Corporation Name

BELLE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
20 ISLAND AVENUE MIAMI BEACH FL 33139	20 ISLAND AVENUE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified	02/12/1980
4. FEI Number	59-2016637
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MERRILL SPIVAK C/O ROBERTS MGMT & REALTY CO., INC 1840 NE 153RD ST N MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V MARILYN BLOOM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, HERBERT	1.2 NAME	20 ISLAND AVENUE # 504
STREET ADDRESS	20 ISLAND AVE., STE. 804	1.3 STREET ADDRESS	MIAMI BEACH, FL
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARO, HENRY	2.2 NAME	
STREET ADDRESS	20 ISLAND AVE., STE. 606	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOHN 20 ISLAND	3.2 NAME	
STREET ADDRESS	20 ISLAND AVE., STE. 308	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULMAN, ALLAN	4.2 NAME	JILL VERBOR
STREET ADDRESS	20 ISLAND AVE	4.3 STREET ADDRESS	20 ISLAND AVENUE #1203
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, EDITH	5.2 NAME	
STREET ADDRESS	20 ISLAND AVE., STE 1408	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DATTOLI, ROBERT	6.2 NAME	JAY BLACK
STREET ADDRESS	20 ISLAND AVE	6.3 STREET ADDRESS	20 ISLAND AVENUE #909
CITY-ST-ZIP	MIAMI BCH. FL	6.4 CITY-ST-ZIP	MIAMI BEACH, FL

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: *Henry Caro* HENRY CARO PRES 4/16/98 538-7221

CR2E037 (10/97)