

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756302 (6)**

1. Corporation Name  
**MIAMI BEACH COMMUNITY DEVELOPMENT CORPORATION, I NC.**



Principal Place of Business <b>1205 DREXEL AVENUE, 2ND FL. MIAMI BEACH FL 33139-8207</b>	Mailing Address <b>1205 DREXEL AVENUE, 2ND FL. MIAMI BEACH FL 33139-8207</b>
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3. Date Incorporated or Qualified <b>02/10/1981</b>	
4. FEI Number <b>59-2110264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**RUSS, DENIS A  
1205 DREXEL AVE. 2ND FLOOR  
MIAMI BEACH FL 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 **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	<b>SD</b>	1.1 TITLE	<b>Secretary/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, WENDY</b>	1.2 NAME	<b>Lisa Liota</b>
STREET ADDRESS	<b>755 W 50TH ST</b>	1.3 STREET ADDRESS	<b>240 Collins Avenue, #6B</b>
CITY-ST-ZIP	<b>MB FL</b>	1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>Vice Chair/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT ROBINS</b>	2.2 NAME	<b>Michael Lehn</b>
STREET ADDRESS	<b>1220 COLLINS AVE., #310</b>	2.3 STREET ADDRESS	<b>1111 Lincoln Road</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETTY GUTIERREZ</b>	3.2 NAME	
STREET ADDRESS	<b>344 MERIDIAN AVE., #410</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSS, DENIS</b>	4.2 NAME	
STREET ADDRESS	<b>1004 TENTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, JR. V</b>	5.2 NAME	
STREET ADDRESS	<b>275 DE LIBO DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Chairman/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Roberto Datorre</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>410 16th Street</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>

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: \_\_\_\_\_

CR2E037 (10/97)