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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08478 (2)

1. Corporation Name
BEROL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% BERNABE RAMIREZ 38 SEXTON COVE ROAD KEY LARGO FL 33007
% BERNABE RAMIREZ 38 SEXTON COVE ROAD KEY LARGO FL 33007-3029

3. Date Incorporated or Qualified 04/03/1985
3a. Date of Last Report 06/19/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc.

4. FEI Number 65-0121770
Applied For Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country
28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
LYONS, RICHARD W.
1230 N.W. 7TH STREET
MIAMI FL

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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD RAMIREZ, BARNABE; VD RAMIREZ, OLGA; D RAMIREZ, ONELIO.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do 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: BERNABE RAMIREZ PRESIDENT 02/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT DATE Daytime Phone # 0024391

CR2E037 (9/96)