

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 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 # N08478 (2)

1. Corporation Name
BEROL CONDOMINIUM ASSOCIATION, INC.



| | | | |
|--|----|---|----|
| Principal Place of Business | | Mailing Address | |
| % BERNABE RAMIREZ 80-SEXTON COVE ROAD KEY LARGO FL 33091 1601 W 64 ST HIALEAH, FLA 33012 | | % BERNABE RAMIREZ 30-SEXTON COVE ROAD KEY LARGO FL 33091 1601 W 64 ST HIALEAH, FLA 33012 | |
| 21 | 22 | 26 | 27 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| 24 | 25 | 29 | 30 |
| Zip | | Country | |

3. Date Incorporated or Qualified
04/03/1985

4. FEI Number
65-0121770

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | PD RAMIREZ, BARNABE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 80-SEXTON COVE ROAD | 1.2 NAME | |
| STREET ADDRESS | KEY LARGO FL | 1.3 STREET ADDRESS | 1601 W 64 ST |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | HIALEAH, FLA 33012 |
| TITLE | VD RAMIREZ, OLGA | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 80-SEXTON COVE ROAD | 2.2 NAME | |
| STREET ADDRESS | KEY LARGO FL | 2.3 STREET ADDRESS | 1601 W 64 ST |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | HIALEAH, FLA 33012 |
| TITLE | D RAMIREZ, ONELIO | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 522 W. 28TH ST. | 3.2 NAME | |
| STREET ADDRESS | HIALEAH FL 33010 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
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| 1.2 NAME | |
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| 1.4 CITY-ST-ZIP | HIALEAH, FLA 33012 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1601 W 64 ST |
| 2.4 CITY-ST-ZIP | HIALEAH, FLA 33012 |
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| 3.4 CITY-ST-ZIP | |
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| 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: *Bernabe Ramirez* 03/05/98

CR2E037 (10/97)