

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 12 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25761 (0)**

1. Corporation Name  
**NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEACH, INC.**



Principal Place of Business <b>300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141</b>	Mailing Address <b>300 71ST STREET, SUITE 502 MIAMI BEACH FL 33141</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/05/1988</b>	3a. Date of Last Report <b>08/12/1996</b>
4. FEI Number <b>65-0011853</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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>
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

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BELOFF, JONATHAN</b>	
STREET ADDRESS <b>6525 ALLISON ROAD</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>BURKETT, CHARLES</b>	
STREET ADDRESS <b>801 AKTON ROAD, SUITE 2</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>SWEDROE, LULU</b>	
STREET ADDRESS <b>1111 LINCOLN ROAD</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>KAHN, DONALD ESQ.</b>	
STREET ADDRESS <b>627 71ST STREET</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SWAN, ROBERTA</b>	
STREET ADDRESS <b>C/O 25 WEST FLAGLER STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ALLER, MICHAEL</b>	
STREET ADDRESS <b>5700 COLLINS AVENUE, #4-N</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Michael Rotbart</b>	
1.3 STREET ADDRESS <b>2401 Collins Ave.</b>	
1.4 CITY-ST-ZIP <b>Miami Beach, FL 33141</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Burkett, Charles W.</b>	
2.3 STREET ADDRESS <b>801 Alton RD., Suite 2</b>	
2.4 CITY-ST-ZIP <b>Miami Beach, FL</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Ana Perez Camayd</b>	
5.3 STREET ADDRESS <b>7251 Collins Ave.,</b>	
5.4 CITY-ST-ZIP <b>Miami Beach, FL 33141</b>	
6.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Howie Gross</b>	
6.3 STREET ADDRESS <b>407 Lincoln Road</b>	
6.4 CITY-ST-ZIP <b>Miami Beach, FL 33141</b>	

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.

*[Handwritten Signature]*

CP2E037 (4/97)