## FILE-NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

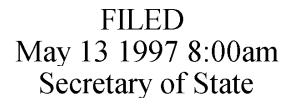
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N9400005288 (5)

BEACON INDUSTRIAL PARK ASSOCIATION, INC.





Principal Place of Business  TWO ALHAMBRA PLAZA PENTHOUSE II  CORAL GABLES FL 33143  Mailing Address  TWO ALHAMBRA PLAZA PENTHOUSE II  CORAL GABLES FL 33143					1874 5841 8616 8416 7467 1884 1811 1814 
			202	Date Incorporated or Qualified	3a. Date of Last Report
				3. Date incorporated or Qualified 10/18/1994	07/15/1996
2. Principal Pi	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0584413	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	O .	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
4	25		30		Yes No
	9. Name and Address of Curr	rent Registered Agent	61 Name	10. Name and Address of New Re	glatered Agent
PH II	HENRY HAMBRA PLAZA GABLES FL 33324		63	dress (P.O. Box Number is Not Acceptal	
			84 City		85 Zip Code
SIGNATURE	to the provisions of Sections 617/2 egistered agent, or both, in the Stam familiar with, and accept the ob		uthorized by the corpori rida Statutes.  Registered Agent signature req	rporation submits this statement for the pation's board of directors. I hereby accel	pare
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	The state of the s
ITLE	D	DELETE	1.1 TITLE		Change Addition
IAME	CODINA, ARMANDO		1.2 NAME		
TREET ADDRESS	two alhambra plaza, p	enthouse II	1.3 STREET ADDRESS		
ITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP		
ITLE	D	DELETE	2.1 TITLE		Change Addition
AME	BEFELER, HENRY	ENTHOUSE II	2.2 NAME		
TREET ADDRESS	TWO ALHAMBRA PLAZA, P	ENTHOUSE II	2.3 STREET ADDRESS		
ITY-ST-ZIP	CORAL GABLES FL 33134	[ ] DELETE	2.4 CITY-ST-ZIP		Mar. Market
ITLE	D CIRCON O FORD	☐ DELETE	3.1 TITLE		Change Addition
AME	GIBSON, O. FORD Two Alhambra Plaza, P	ENTHOHEE II	3.2 NAME		
TREET ADDRESS	CORAL GABLES FL 33134	ENTROUSE II	3.3 STREET ADDRESS		
TLE	COUNT OWNERS IT 00 104	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
AME		Land Design	4.2 NAME		Print Assemble Firs Month
IREET ADORESS			4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY-ST-ZIP		
TLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
AME		*****	5.2 NAME		<del></del>
TREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TITLE		Change Addition
AME		<del></del>	6.2 NAME		<del>-</del>
TREET ADDRESS			6.3 STREET ADDRESS		i e
ITY-\$1-ZIP			6.4 CITY-ST-ZIP		
	by certify that the information supp	lied with this filing does not qualif		ed in Section 119.07(3)(i), Florida Statute	s. 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:



Date