FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005288

1. Corporation Name

BEACON INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business								
TWO ALHAMBRA PLAZA								
PENTHOUSE II								
CODAL CADLES EL 39149								

Mailing Address

TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33143

Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90012 019 ****61.25



2. Principal	I Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			10/18/1994		
_	pt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22		27		. An extension of the contract	65-0584413	No	t Applicable
City & S	tate .	City & State			5. Certifcate of Status Desired	\$8.75	Additional
23	•	28			5. Certifcate of Status Desired	Fee Re	quired
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added 1	o Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	stered Agent	
	,			81 Name			
DEEJ ED	, HENRY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	 	
l				Street Addi	less (F.O. Box Humber is Not Acceptable)		
PH I)	HAMBRA PLAZA			83			
,	• '						Code .
CUHAL	GABLES FL 33324			84 City		FL 85 Zip	Code
office	or registered agent or both in the State	of Florida. Such change was at	uthorized	l by the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
agent.	I am familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Stati	ıtes.			
SIGNATUR	RE		B	**************************************	d ubon minutation.	DATE	
40	Signature, typed or printed name of registered age		Registered	Agent signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.		ID DIRECTORS DELETE	1,1 TP	7.5	ABBITIONO/OFFERINGED TO CITED	Change	☐ Addition
TITLE	D.	C) DELETE					
NAME	CODINA, ARMANDO	1101105 #	1.2 N				
STREET ADDRE		HOUSE II	- 1	REET ADDRESS			
_CITY_ST-ZIP	CORAL GABLES.FL-33134		_	TY-ST-ZIP		☐ Change	☐ Addition
TITLE	D	☐ DELETE	2.1 TT			[_] Change	
NAME	BEFELER, HENRY		2.2 N/	WE			
STREET ADDRE		HOUSE II	2.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		_	TY-ST-ZIP		— 0.	CT 4 4224
TITLE	D	☐ DEFELE	3.1 TI	TLE		Change	Addition
NAME	GIBSON, O. FORD		3.2 N	WE			
STREET ADDRE	ss TWO ALHAMBRA PLAZA, PENT	HOUSE II	3.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. C	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 ∏	ΠE		Change	Addition
NAME.			4.2 N	AME			٠
STREET ADDRE	ESS .		4.3 \$1	REET ADDRESS			
CITY-ST-ZIP			4.4 Cf	TY-ST-ZiP			
TITLE		☐ DELETE	5.1 Ti			☐ Change	Addition
NAME			5.2 NA	WE			
STREET ADDRE	ega l		5.3 ST	REET ADDRESS			
'			5.4 Ci	TY-ST-ZIP			
C/TY-ST-ZIP		□ DELETE	6.1 TI		•	☐ Change	Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

