

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 02 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 # N96000004023 (5)
 1. Corporation Name
DEL RIO CONDOMINIUM ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 1100 COLLINS AVENUE MIAMI BEACH FL 33139 | Mailing Address 1100 COLLINS AVENUE MIAMI BEACH FL 33139 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/01/1996 | |
| 4. FEI Number 65-0712521 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21 1100 Collins Ave. Suite, Apt. #, etc. | 2a. Mailing Address 26 c/o Beachcam 910 Collins Ave. Suite, Apt. #, etc. |
| 22 L City & State | 27 L City & State |
| 23 Miami Beach, FL Zip 33139 Country USA | 28 Miami Beach, FL Zip 33139 Country USA |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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
**GREENSPOON, MARDER, HIRSCHFELD, ET. AL.
 TRADE CENTRE SOUTH - SUITE 700
 100 WEST CYPRESS CREEK ROAD
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name ATTN: Iliana Martinez Beachcam Comm. Assn. Mgt., Inc. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 910 Collins Ave. #L |
| 83 |
| 84 City Miami Beach FL 85 Zip Code 33139 |

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 *Liana Martinez* **Liana Martinez** **4-28-98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PVPD GAMEL, JOEL M | 1.2 NAME | PD CATALINA, JOSEPH |
| STREET ADDRESS | 1100 COLLINS AVENUE | 1.3 STREET ADDRESS | 2200 NE 33rd Ave. #14-K |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33305 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D PIERRE, JUNIOR | 2.2 NAME | YEFFET, HAIM |
| STREET ADDRESS | 1100 COLLINS AVENUE | 2.3 STREET ADDRESS | P.O. Box 630762 1100 Collins Ave. |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 2.4 CITY-ST-ZIP | Miami, FL 33163 Miami Beach, FL 33139 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D GAMEL, IKE | 3.2 NAME | GAMEL, Lori |
| STREET ADDRESS | 1100 COLLINS AVENUE | 3.3 STREET ADDRESS | 1100 Collins Ave. |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | |

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 *Haim Yeffet* **Haim Yeffet, VP** **04/28/98** **305-538-8954**

CR2E037 (10/97)