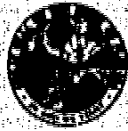


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726441** (9)

1. Corporation Name

BEACON MANOR CONDOMINIUM INC.

Principal Place of Business

Mailing Address

822 GALIANO #4
CORAL GABLES FL 33134
US

730 CORAL WAY
SUITE 304
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1973** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-1672459** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELLANDS, EDUARDO J
730 CORAL WAY
APT. 304
CORAL GABLES FL 33134

81 Name **MARIA E. BRODERICK**
82 Street Address (P.O. Box Number is Not Acceptable) **104 ANTIQUERA AVENUE APT# 7**
83
84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE *Sergio Ruiz*

(NOTE: Registered Agent signature required when reinstating)

5-25-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTELLANOS, EDUARDO
STREET ADDRESS	730 CORAL WAY APT 304
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VPD
NAME	BERNSTEIN, SYLVIA
STREET ADDRESS	613 OCEAN DR. APT. 11-C
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	STD
NAME	OBREGON, PATRICIO
STREET ADDRESS	822 GALIANO #8
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SERGIO RUIZ	
1.3 STREET ADDRESS	104 ANTIQUERA AVENUE APT# 6	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	VICE-PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SYLVIA G. BERNSTEIN	
2.3 STREET ADDRESS	613 OCEAN DRIVE APT# 11C	
2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
3.1 TITLE	SECR/TREAS / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA E. BRODERICK	
3.3 STREET ADDRESS	104 ANTIQUERA AVENUE APT# 7	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this attachment with an address.

SIGNATURE: *Sergio Ruiz - PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95 305 5475104

DATE DAYTIME PHONE #