FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary -State DIVISION OF CORPORATIONS

1996

751019 DOCUMENT #
1. Corporation Name

(1)

BEN-MOL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of	Business	Mailing Address		T TORREST CRAME MITTER CONTRACT TIESD	ifite firit firite fifter fifter festel firiter zone:
7327 BYRON AV	VE	7327 BYRON AVE MIAMI BEACH FL 33141			
				3. Date Incorporated or Qualified 02/13/1980	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Address	1.5	4. FEI Number	Applied For
MIAM	BEACH	26 7327 RYR	ONAUE	59-0715435	Not Applicable - \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc./		Certificate of Status Desired	Fee Required
City & State		City & State 28 MiAmi BEA	CH.FL.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
3 <i>M [A .].</i> Zip	Country_	Zip	Country	8. This corporation has liability for in	
33141	25 USA		30 U.H		Yes No
_ ,	9. Name and Address of Curre	ent Registered Agent	ed Nome	10. Name and Address of New Re	egistereo Agent
			81 Name	ONSHELD URI	BE
reyes, felix			Street Andress (P.O. Box Number is Not Agceptable) APT. #3		
7327 BYR	ON AVE #4		83	27 29 20 11 11 2	
MIAMI BE	ACH FL 33141		MICA	MI OSEALH, I	Z · Za Codo
			84 Orty 3	3141	FL 85 Zip Code //
11 Pursuant to	the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	, the above-named corpor	ration submits this statement for the purport of directors. Thereby accept the appoint	oose of changing its registered offic
or registered	d agent, or both, in the State of Flo	orida. Such change was authorized ortion 617 0503. Florida Statutes.	by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	entment as registered agent. Faiti
	i, and accept in Bollyallo is of, sc	5/	ELL 6 TAR Registered Agent signature require	. T	
SIGNATURE SI	Ignature, typed or printed name of registered ag	ent and little if applicable (NOTE	Registered Agent signature require	d when reinstaling)	DATE DIDECTORIC IN 10
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
ITLE	SD	DELETE	1.1 TITLE		
NAME	URIBE, EONSUELO	a	1 2 NAME		
STREET ADDRESS	7327 BYRON AVE	9	1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE	TD SARDINAS, JUAN	-	2.2 NAME		
NAME STREET ADDRESS	835 84TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL		2 4 CITY-ST-ZIP		
TITLE	PD	DELETE	3 1 TITLE		Change Addition
VAME	REYES, FELIX		3 2 NAME		
STREET ADDRESS	7327 BYRON AVE., APT. 4		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	FIRESETE	3.4. CHTY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE 4. 2 NAME		
NAME			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST - ZIP	40000179	38064
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	4000017 5 -04/29/96010]3 1—O∏ Change ☐ Addition
NAME			5 2 NAME	***61.25	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6 1 TITLE		J CR
NAME			6.2 NAME		Q/EI
STREET ADDRESS			6.3 STREET ADDRESS		4-27-
CITY-ST-ZIP	w certify that the information suppli	ed with this filing is voluntarily furni	64 CITY - ST - ZIP shed and does not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that	t the information indicated on this a	annual report or supplemental annu	al report is true and accu	rate and that my signature shall have the his report as required by Chapter 617, F	e same legal effect as if made under lorida Statutes; and that my name
	I am an officer or director of the co Block 12 or Block 13 if changed,	orporation or the receiver or trustee or a n an attachment with an addre	ess.	The report as required by strapes	
	211	ه در سر ۷۰	100	CRG TAR, 4/9/96	
SIGNAT	## ###############################		/ I II / -	co - 7112. 4 / / / / / /	