

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 751019 (1)**

1. Corporation Name  
**BEN-MOL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**7327 BYRON AVE  
MIAMI BEACH FL 33141**      **7327 BYRON AVE  
MIAMI BEACH FL 33141-2646**



**65 0666 997**  
**NEW ID # AS OF 6/96**

2. Principal Place of Business      2a. Mailing Address

21 **7327 BYRON AVE.**      26 **7327 BYRON AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23 **MIAMI BEACH, FL**      28 **MIAMI BEACH, FL**

Zip      Country      Zip      Country

24 **33141**      25 **USA**      29 **33141**      30 **USA**

3. Date Incorporated or Qualified      3a. Date of Last Report

**02/13/1980**      **04/27/1996**

4. FEI Number      Applied For

**59-0715435 65 0666 997**      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**

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

9. Name and Address of Current Registered Agent

**URIBE, CONSUELO  
7327 BYRON AVE #3  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name      **000**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

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: *[Signature]*      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>URIBE, CONSUELO</b>	
STREET ADDRESS	<b>7327 BYRON AVE #3</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SARDINAS, JUAN</b>	
STREET ADDRESS	<b>835 84TH ST</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>REYES, FELIX</b>	
STREET ADDRESS	<b>7327 BYRON AVE., APT. 4</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *[Signature]*      **2/17/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0029621

CR2E037 (9/96)