


FILE NOW: FILING FEE IS \$61.25

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Feb 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 # 751019 (1) 1. Corporation Name BEN-MOL CONDOMINIUM ASSOCIATION, INC.		



Principal Place of Business 7327 BYRON AVE MIAMI BCH FL 33141	Mailing Address 7327 BYRON AVE MIAMI BCH FL 33141 US
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3. Date Incorporated or Qualified 02/13/1980
4. FEI Number 65-0666997
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 7325 7327	2a. Mailing Address 26 7327 BYRON AVE
Suite, Apt. #, etc. 22 MIAMI BEACH, FL.	Suite, Apt. #, etc. 27
City & State 23 33141	City & State 28 MIAMI BEACH, FL.
Zip 24	Country 25 U.S.A
Zip 29 33141	Country 30 U.S.A

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

10. Name and Address of New Registered Agent	
81 Name	
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 **CONSUELO URIBE** *C. Uribe* **1/12/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, CONSUELO	1.2 NAME	MELIDA DELA PAZ
STREET ADDRESS	7327 BYRON AVE #3	1.3 STREET ADDRESS	7325 BYRON AVE #2 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER & D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINAS, JUAN	2.2 NAME	FELIPE DELA PAZ
STREET ADDRESS	835 84TH ST	2.3 STREET ADDRESS	7325 BYRON AVE #2 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY & D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, FELIX	3.2 NAME	CONSUELO URIBE
STREET ADDRESS	7327 BYRON AVE., APT. 4	3.3 STREET ADDRESS	7327 BYRON AVE #3 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
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: **CONSUELO URIBE** *C. Uribe* **1/12/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)