FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710111 (6)

1. Corporation Name
BEACH MANOR CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139	% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1965
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1159534 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~MARTY, H. M~~
~~345 MICHIGAN AVE #19~~
~~MIAMI BCH FL 33139~~

10. Name and Address of New Registered Agent

01 Name: Michael A. Wacker
02 Street Address (P.O. Box Number is Not Acceptable): 345 Michigan Ave #29
03
04 City: Miami Beach FL 05 Zip Code: 33139

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 607.0505, Florida Statutes.

SIGNATURE: Michael A. Wacker — 13 APR '95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	LEACH, DANIEL E	1.2 NAME		
STREET ADDRESS	345 MICHIGAN AVE #32	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP		
TITLE	~~SP~~ VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PORRAS, JOSE V	2.2 NAME	P. O. Box 693452	
STREET ADDRESS	~~345 MICHIGAN AVE APT 405~~	2.3 STREET ADDRESS	Miami, FL 33269-0452	
CITY-ST-ZIP	~~MIAMI BCH FL~~	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	X Change ☐ Addition
NAME	~~PORTA, HILDA~~	3.2 NAME	Michael P. Wheeler	
STREET ADDRESS	~~345 MICHIGAN AVE~~	3.3 STREET ADDRESS	345 Michigan Ave #6	
CITY-ST-ZIP	~~MIAMI BCH FL~~	3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	~~VD~~	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	~~ABOU, JOSE~~	4.2 NAME	Michael A. Wacker	
STREET ADDRESS	~~345 MICHIGAN AVE #27~~	4.3 STREET ADDRESS	315 Fairway Dr	
CITY-ST-ZIP	~~MIAMI BCH FL~~	4.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		5.1 TITLE	ST	X Change ☐ Addition
NAME		5.2 NAME	Miroslava Ugalde	
STREET ADDRESS		5.3 STREET ADDRESS	345 Michigan Ave #26	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Michael A. Wacker — SEC/TREAS — 13 APRIL '95 — (305)865-6989
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael A. Wacker

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