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 26 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710750 (1)

1. Corporation Name
BROADWATER BEACH ARMS I, INC.

Principal Place of Business	Mailing Address
6490 COLLINS AVENUE MIAMI BEACH FL 33141	6490 COLLINS AVENUE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1966
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-0995649 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OLSON, LORRAINE
6490 COLLIINS AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: JOSE A. AMOR
82 Street Address (P.O. Box Number is Not Acceptable): 6490 COLLINS AVE APT. 12-B
83
84 City: MIAMI BEACH **FL** 85 Zip Code: 33141

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: Jose A. Amor 4.16.95
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	D	11 TITLE	P/D FREDY FERNANDEZ ☐ Change ☐ Addition
NAME	SHREVE, VIVIAN	12 NAME	
STREET ADDRESS	6490 COLLINS AVE	13 STREET ADDRESS	6490 COLLINS AVE APT. 1
CITY-ST-ZIP	MIAMI BCH, FL 00000	14 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	V	21 TITLE	V/D NELITA LINONTE ☐ Change ☐ Addition
NAME	LE MONTE, MELITA	22 NAME	
STREET ADDRESS	6490 COLLINS AVE	23 STREET ADDRESS	6490 COLLINS AVE APT. 3
CITY-ST-ZIP	MIAMI BCH, FL 00000	24 CITY-ST-ZIP	MIAMI BEACH. FL 33141
TITLE	PD	31 TITLE	S/D JOSE A. AMOR ☐ Change ☐ Addition
NAME	ALSUP, BOOTS	32 NAME	
STREET ADDRESS	6490 COLLINS AVE	33 STREET ADDRESS	6490 COLLINS AVE APT. 12-B
CITY-ST-ZIP	MIAMI BCH, FL 00000	34 CITY-ST-ZIP	MIAMI BEACH FL. 33141
TITLE	D	41 TITLE	T/D JOSE M. GONZALEZ ☐ Change ☐ Addition
NAME	SHAFFER, CLARE	42 NAME	
STREET ADDRESS	6490 COLLINS AVE	43 STREET ADDRESS	6490 COLLINS AVE APT. 8
CITY-ST-ZIP	MIAMI BCH, FL 00000	44 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	ST	51 TITLE	D/ BOOTS ALSUP ☐ Change ☐ Addition
NAME	OLSON, LORRAINE	52 NAME	
STREET ADDRESS	6490 COLLINS AVE.	53 STREET ADDRESS	6490 COLLINS AVE APT. 10
CITY-ST-ZIP	MIAMI BCH, FL 00000	54 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D	61 TITLE	D/ CATHERINE DAVIS ☐ Change ☐ Addition
NAME	DELAPAZ, GLADYS	62 NAME	
STREET ADDRESS	6490 COLLINS AVE	63 STREET ADDRESS	6490 COLLINS AVE APT. 9
CITY-ST-ZIP	MIAMI BCH, FL 00000	64 CITY-ST-ZIP	MIAMI BEACH FL. 33141

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: Jose A. Amor JOSE A. AMOR 4.16.95 $689.17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007997