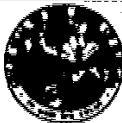


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

6490 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, LORRAINE
6490 COLLINS AVE.
MIAMI BEACH FL 33141

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4.16.95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SHREVE, VIVIAN
STREET ADDRESS	6490 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	V
NAME	LE MONTE, MELITA
STREET ADDRESS	6490 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	PD
NAME	ALSUP, BOOTS
STREET ADDRESS	6490 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	D
NAME	SHAFFER, CLARE
STREET ADDRESS	6490 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	ST
NAME	OLSON, LORRAINE
STREET ADDRESS	6490 COLLINS AVE.
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	D
NAME	DELAPAZ, GLADYS
STREET ADDRESS	6490 COLLINS AVE
CITY - ST - ZIP	MIAMI BCH, FL 00000

1.1 TITLE	P/D FREDY FERNANDEZ	☐ Change ☐ Addition
1.2 NAME	6490 COLLINS AVE APT. 1	
1.3 STREET ADDRESS	MIAMI BEACH FL 33141	
1.4 CITY - ST - ZIP		
2.1 TITLE	V/D MELITA LINIONTE	☐ Change ☐ Addition
2.2 NAME	6490 COLLINS AVE APT. 3	
2.3 STREET ADDRESS	MIAMI BEACH FL 33141	
2.4 CITY - ST - ZIP		
3.1 TITLE	P/D JOSE A. AMOR	☐ Change ☐ Addition
3.2 NAME	6490 COLLINS AVE APT. 12-B	
3.3 STREET ADDRESS	MIAMI BEACH FL 33141	
3.4 CITY - ST - ZIP		
4.1 TITLE	T/D JOSE M. GONZALEZ	☐ Change ☐ Addition
4.2 NAME	6490 COLLINS AVE APT. 8	
4.3 STREET ADDRESS	MIAMI BEACH FL 33141	
4.4 CITY - ST - ZIP		
5.1 TITLE	D/ BOOTS ALSUP	☐ Change ☐ Addition
5.2 NAME	6490 COLLINS AVE APT. 10	
5.3 STREET ADDRESS	MIAMI BEACH FL 33141	
5.4 CITY - ST - ZIP		
6.1 TITLE	D/ CATHERINE DAVIS	☐ Change ☐ Addition
6.2 NAME	6490 COLLINS AVE APT. 9	
6.3 STREET ADDRESS	MIAMI BEACH FL 33141	
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)(k), 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

8689119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone