

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # 710750
1. Corporation Name
BROADWATER BEACH ARMS #1, INC.

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

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 59-0995649	3a.	Date of Last Report 4-19-1966
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
25	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSE A. AMOR 6490 COLLINS AVE APT. 12-B MIAMI BEACH FL 33141				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Jose A. Amor* (NOTE: Registered Agent signature required for reinstating) DATE: **4-24-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D FREDY FERNANDEZ <input type="checkbox"/> DELETE	1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 1	1.2	NAME				
STREET ADDRESS	MIAMI BEACH FL 33141	1.3	STREET ADDRESS				
CITY-ST-ZIP		1.4	CITY-ST-ZIP				
TITLE	V/D NELITA LIMONTE <input type="checkbox"/> DELETE	2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 3	2.2	NAME				
STREET ADDRESS	MIAMI BEACH FL 33141	2.3	STREET ADDRESS				
CITY-ST-ZIP		2.4	CITY-ST-ZIP				
TITLE	S/D JOSE A. AMOR <input type="checkbox"/> DELETE	3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 12-B	3.2	NAME				
STREET ADDRESS	MIAMI BEACH FL 33141	3.3	STREET ADDRESS				
CITY-ST-ZIP		3.4	CITY-ST-ZIP				
TITLE	T/D JOSE M. GONZALEZ <input type="checkbox"/> DELETE	4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 8	4.2	NAME				
STREET ADDRESS	MIAMI FL 33141	4.3	STREET ADDRESS				
CITY-ST-ZIP		4.4	CITY-ST-ZIP				
TITLE	D/ BOOTS ALSUP <input type="checkbox"/> DELETE	5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 10	5.2	NAME				
STREET ADDRESS	MIAMI BEACH FL 33141	5.3	STREET ADDRESS				
CITY-ST-ZIP		5.4	CITY-ST-ZIP				
TITLE	D/ MARIABEL R. ARAGONDS <input type="checkbox"/> DELETE	6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6490 COLLINS AVE APT. 6	6.2	NAME				
STREET ADDRESS	MIAMI BEACH FL 33141	6.3	STREET ADDRESS				
CITY-ST-ZIP		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: *Jose A. Amor* (JOSE A. AMOR) DATE: **4-24-97** 8689119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)