


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90167 012 ****61.25

0027489

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728004					
1. Corporation Name FLAGLER 39 ASSOCIATION, INC.					
Principal Place of Business C/O INALBIS DE LA TORRE 3907 W FLAGLER ST #B-3 MIAMI FL 33134			Mailing Address 3917 W FLAGLER ST D-8 MIAMI FL 33134 US		
2. Principal Place of Business 21 C/O INALBIS DE LA TORRE Suite, Apt. #, etc. 22 3917 W FLAGLER ST D-8 City & State 23 MIAMI FLA Zip 24 33134		2a. Mailing Address 26 C/O BAC ENTERPRISES INC Suite, Apt. #, etc. 27 P.O. Box 960603 City & State 28 MIAMI FLA Zip 29 33296		3. Date Incorporated or Qualified 11/06/1973 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DE LA TORRE, INALBIS 3917 W FLAGLER ST APT D-8 MIAMI FL 33134			10. Name and Address of New Registered Agent 81 Name BAC ENTERPRISES INC 82 Street Address (P.O. Box Number is Not Acceptable) 15348 SW 62 ST 83 84 City MIAMI FL 85 Zip Code 33193		
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 <i>[Signature]</i> AS President of BAC Enterprises Inc 2/5/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TD <input type="checkbox"/> DELETE NAME DE LA TORRE, INALBIS STREET ADDRESS 3917 W FLAGLER ST APT D-8 CITY-ST-ZIP MIAMI FL 33134			1.1 TITLE P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DE LA TORRE, INALBIS 1.3 STREET ADDRESS 3917 W FLAGLER ST APT D-8 1.4 CITY-ST-ZIP MIAMI FLA 33134		
TITLE TD <input type="checkbox"/> DELETE NAME CASTANEDA, NOELY D STREET ADDRESS 3907 W FLAGLER ST. APT. B-7 CITY-ST-ZIP MIAMI FL 33134			2.1 TITLE T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME CASTANEDA, NOELY D. 2.3 STREET ADDRESS 3907 W FLAGLER ST. B-7 2.4 CITY-ST-ZIP MIAMI FLA 33134		
TITLE VTD <input checked="" type="checkbox"/> DELETE NAME GARRIDO, LISETTE STREET ADDRESS 3903 W. FLAGLER CITY-ST-ZIP MIAMI FL			3.1 TITLE S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME CARDET JOSE 3.3 STREET ADDRESS 3907 W FLAGLER ST. B-3 3.4 CITY-ST-ZIP MIAMI FLA 33134		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]* **2/5/99 (305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)