


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am  
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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21. Principal Place of Business C/O INALBIS DE LA TORRE Suite, Apt. #, etc. 3917 W FLAGLER A D-8 City & State MIAMI FLA	22. Mailing Address C/O BAC ENTERPRISES INC Suite, Apt. #, etc. P.O. Box 960603 City & State MIAMI FLA	23. Date Incorporated or Qualified 11/06/1973	24. FEI Number NOT APPLICABLE Applied For Not Applicable
25. Certificate of Status Desired <input type="checkbox"/>	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$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)  
13348 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 *[Signature]* AS PURSUANT TO BAC ENTERPRISES INC DATE 2/5/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA TORRE, INALBIS 3917 W FLAGLER ST APT D-8 MIAMI FL 33134	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTANEDA, NOELY D 3907 W FLAGLER ST. APT. B-7 MIAMI FL 33134	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARRIDO, LISETTE 3903 W FLAGLER MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DE LA TORRE, INALBIS 3917 W FLAGLER ST APT D-8 MIAMI FLA 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD CASTANEDA, NOELY D. 3907 W FLAGLER ST. B-7 MIAMI FLA 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD CARDET JOSE 3907 W FLAGLER ST. B-3 MIAMI FLA 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 2/5/99 (305) DAYTIME PHONE #

CR2E037 (1/198)