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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745714 (6)
1. Corporation Name
BYRON BAY ASSOCIATION, INC.



Principal Place of Business 8201 BYRON AVE. MIAMI BCH. FL 33141	Mailing Address 8201 BYRON AVE. MIAMI BCH. FL 33141-4940
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3. Date Incorporated or Qualified 01/25/1979	3a. Date of Last Report 02/16/1996
4. FEI Number 59-2285008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**MORIS, ALBERT N ESQUIRE
BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR., STE. #250
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSE, RAQUEL	
STREET ADDRESS	8201 BYRON AVE., APT. 405	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SICRE, HORACIO	
STREET ADDRESS	8201 BYRON AVE., APT. 501	
CITY-ST-ZIP	MIAMI BCH. FL 33141	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUSKY, OSCAR	
STREET ADDRESS	8201 BYRON AVE., APT. 306	
CITY-ST-ZIP	MIAMI BCH. FL 33141	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FABIO BLAS, HERNANDEZ	
STREET ADDRESS	8201 BYRON AVE. APT 409	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, SIQUEIRA	
STREET ADDRESS	8201 BYRON AVE., APT. 207	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T ROSA M. ACOSTA
1.3 STREET ADDRESS	8201 BYRON AVE APT 205
1.4 CITY-ST-ZIP	MIAMI BEACH FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S CARMEN SANCHEZ
2.3 STREET ADDRESS	8201 BYRON AVE APT 202
2.4 CITY-ST-ZIP	MIAMI BEACH, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD JOSEPH FRANCO
3.3 STREET ADDRESS	8201 BYRON AVE. APT 502
3.4 CITY-ST-ZIP	MIAMI BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, Raquel **Jose, Pres.** 5-11-97 (202) 866-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 002040

CR2E037 (9/96)