


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745714 (6)
 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
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3. Date Incorporated or Qualified 01/25/1979	Applied For Not Applicable
4. FEI Number 59-2285008	
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No ?	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, ROSA M	1.2 NAME	Hernandez, Fabio B
STREET ADDRESS	8201 BYRON AVE APT 105	1.3 STREET ADDRESS	8201 Byron Ave # 409
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach FL 33141
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CARMEN	2.2 NAME	
STREET ADDRESS	8201 BYRON AVE APT 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSKY, OSCAR	3.2 NAME	BUDNER, PAULINA
STREET ADDRESS	8201 BYRON AVE., APT. 306	3.3 STREET ADDRESS	8201 Byron Ave # 809
CITY-ST-ZIP	MIAMI BCH. FL 33141	3.4 CITY-ST-ZIP	Miami Beach FL 33141
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIO BLAS, HERNANDEZ	4.2 NAME	Guerra, Moralinda
STREET ADDRESS	8201 BYRON AVE. APT 409	4.3 STREET ADDRESS	8201 Byron Ave # 404
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach FL 33141
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCO, JOSEPH	5.2 NAME	Hernandez-Cook, Fabiola
STREET ADDRESS	8201 BYRON AVE APT 502	5.3 STREET ADDRESS	8201 Byron Ave # 804
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach FL 33141
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Fabio B. Hernandez* **2-12-98. 305-866-8059.**

* Paid 1997 - will pay on May 98.

CPRE037 (10/97)