


FILE NOW: FILING FEE IS \$61.25

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

02-24-1999 90058 001 ****61.25

0030625

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 745714

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2285008
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, FABIO B.	1.2 NAME	RAQUEL JOSE
STREET ADDRESS	8201 BYRON AVE. #409	1.3 STREET ADDRESS	8201 Byron Avenue #405
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CARMEN	2.2 NAME	Rosa M. Acosta
STREET ADDRESS	8201 BYRON AVE APT 202	2.3 STREET ADDRESS	8201 Byron Avenue #205
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNER, PAULINA	3.2 NAME	T Joseph Franco
STREET ADDRESS	8201 BYRON AVE. #309	3.3 STREET ADDRESS	8201 Byron Avenue #502
CITY-ST-ZIP	MIAMI BCH. FL 33141	3.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIO BLAS, HERNANDEZ	4.2 NAME	Jovinio Marrero
STREET ADDRESS	8201 BYRON AVE. APT 409	4.3 STREET ADDRESS	8201 Byron Avenue #501
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ-COOK, FABIOLA	5.2 NAME	D Samuel Chilerowicz
STREET ADDRESS	8201 BYRON AVE #304	5.3 STREET ADDRESS	8201 Byron Avenue #307
CITY-ST-ZIP	MIAMI BEACH FL 33141	5.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, MORALINDA	6.2 NAME	
STREET ADDRESS	8201 BYRON AVE. #404	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	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: **RAQUEL JOSE PRES** *[Signature]* Date: 1/06/99 Daytime Phone #: (305) 866-9860

CR2E037 (1/198)