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May 01 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 # 747994 (2)
1. Corporation Name
BYRON BEACH ASSOCIATION, INC.

Principal Place of Business 8340 HARDING AVE MIAMI FL 33141-1401	Mailing Address 8340 HARDING AVE MIAMI FL 33141-1401
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3. Date Incorporated or Qualified 07/09/1979	
4. FEI Number 65-0132112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1111 Kane Concourse	2a. Mailing Address 26 1111 Kane Concourse
Suite, Apt. #, etc. 22 Suite 504	Suite, Apt. #, etc. 27 Suite 504
City & State 23 Bay Harbor FL	City & State 28 BAY HARBOR FL
Zip 24 33154	Country 25 Dade
Zip 29 33154	Country 30 Dade

9. Name and Address of Current Registered Agent

**REKANT, KENNETH N., ESQUIRE
ONE LINCOLN ROAD BUILDING
SUITE 208
MIAMI BEACH FL 33139-2086**

10. Name and Address of New Registered Agent

81 Name LUZMARY NUÑEZ
82 Street Address (P.O. Box Numbers Not Acceptable) 1111 Kane Concourse 504
83 City BAY HARBOR
84 State FL
85 Zip Code 33154

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]* **LUZMARY NUÑEZ** DATE: **2/5/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE TD	NAME GARCIA, URSULA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8340 HARDING AVE APT 302	CITY - ST - ZIP MIAMI BCH FL	
TITLE PD	NAME SCAUSO, INES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8340 HARDING AVE 502	CITY - ST - ZIP MIAMI BCH. FL	
TITLE VD	NAME BERNHARD, JOELLE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8340 HARDING AVENUE, #304	CITY - ST - ZIP MIAMI BEACH FL	
TITLE SD	NAME KOULOURIS, PETER	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8340 HARDING AVE APT 303	CITY - ST - ZIP MIAMI BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CARMINIGIANITELLI	
1.3 STREET ADDRESS 8340 HARDING AVE #402	
1.4 CITY - ST - ZIP MIAMI BEACH FL	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ERLAN FERIA	
2.3 STREET ADDRESS 8340 HARDING AVE #305	
2.4 CITY - ST - ZIP MIAMI BEACH FL 33141	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Antonio Alia	
3.3 STREET ADDRESS 8340 HARDING AVE #502	
3.4 CITY - ST - ZIP MIAMI BEACH FL	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Ramon CARRO #404	
4.3 STREET ADDRESS 8340 HARDING AVE	
4.4 CITY - ST - ZIP MIAMI BEACH FL	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Peter Kouloris	
5.3 STREET ADDRESS 8340 HARDING AVE 303	
5.4 CITY - ST - ZIP MIAMI BEACH FL	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Padro Ramirez	
6.3 STREET ADDRESS 8340 HARDING AVE 503	
6.4 CITY - ST - ZIP MIAMI BEACH FL 33141	

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: *[Signature]* **(305) 541-1215**

CR2E037 (10/97)