

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90199 016 \*\*\*\*61.25



NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 747994  
 1. Corporation Name  
 BYRON BEACH ASSOCIATION, INC

Principal Place of Business Mailing Address  
 8340 HARDING AVE 1111 KANE CONCOURSE  
 MIAMI BEACH, FL 33141 SUITE 504  
 BAY HARBOR, FL. 33154

21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0132112		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		MIAMI BEACH, FL		6. Election Campaign Financing		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Trust Fund Contribution		Trust Fund Contribution		<input type="checkbox"/>		5.00		May Be		Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUXMARY NUNEZ 1111 KANE CONCOURSE #504 BAY HARBOR, FL. 33154				81 Name LUIS ALONSO			
				82 Street Address (P.O. Box Number is Not Acceptable) 345 OCEAN DRIVE # 606			
				83			
				84 City MIAMI BEACH FL			
				85 Zip Code 33139			

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: *Luis Alonso* DATE: 2-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	ANTONIO ALIA	1.2 NAME	ANTONIO ALIA
STREET ADDRESS	8340 HARDING AVE #502	1.3 STREET ADDRESS	8340 HARDING AVE #502
CITY-ST-ZIP	MIAMI BEACH - FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH - FL 33141
TITLE	PD	2.1 TITLE	D
NAME	CARMINE GIANITELLI	2.2 NAME	CARMINE GIANITELLI
STREET ADDRESS	8340 HARDING AVE #402	2.3 STREET ADDRESS	8340 HARDING AVE #402
CITY-ST-ZIP	MIAMI BEACH - FL 33141	2.4 CITY-ST-ZIP	MIAMI BEACH - FL 33141
TITLE	VD	3.1 TITLE	VD
NAME	ERLAN FERIA	3.2 NAME	ERLAN FERIA
STREET ADDRESS	8340 HARDING AVE #305	3.3 STREET ADDRESS	8340 HARDING AVE #305
CITY-ST-ZIP	MIAMI BEACH - FL 33141	3.4 CITY-ST-ZIP	MIAMI BEACH - FL 33141
TITLE	TD	4.1 TITLE	TD
NAME	PETER KOULOURIS	4.2 NAME	ALEX CABRERA
STREET ADDRESS	8340 HARDING AVE #303	4.3 STREET ADDRESS	8340 HARDING AVE #405
CITY-ST-ZIP	MIAMI BEACH - FL 33141	4.4 CITY-ST-ZIP	MIAMI BEACH - FL 33141
TITLE	PD	5.1 TITLE	SD
NAME	PEDRO RAMIREZ	5.2 NAME	ADELEFA FU
STREET ADDRESS	8340 HARDING AVE #503	5.3 STREET ADDRESS	8340 HARDING AVE #203
CITY-ST-ZIP	MIAMI BEACH - FL 33141	5.4 CITY-ST-ZIP	MIAMI BEACH - FL 33141
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Antonio Alia* DATE: 2-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (11/98)