

**DOCUMENT # 747994**

1. Entity Name  
**BYRON BEACH ASSOCIATION, INC.**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90024 037 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
8340 HARDING AVE MIAMI FL 33141 US		8340 HARDING AVE MIAMI FL 33141 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0132112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

~~ALONSO, LUIS~~  
~~1621 COLLINS AVE # 516~~  
~~MIAMI FL 33139~~

7. Name and Address of New Registered Agent

Name: **L. W. MARY NUÑEZ**  
Street Address (P.O. Box Number is Not Acceptable):  
**5788 S.W 2 ST**  
City: **Miami FL** FL Zip Code: **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* **Mary Nuñez** **1/3/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIANITELLI, CARMINI	
STREET ADDRESS	8340 HARDING AVE., #402	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERIA, ERLAN	
STREET ADDRESS	8340 HARDING AVE 305	
CITY-ST-ZIP	MIAMI BCH. FL.	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	ALIA, ANTONIO	
STREET ADDRESS	8340 HARING AVE 502	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOULOURIS, PETER	
STREET ADDRESS	8340 HARDING AVE 303	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, PEDRO	
STREET ADDRESS	8340 HARDING AVE 503	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABRERA, ALEX	
STREET ADDRESS	8340 HARDING AVE #405	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugo Caproni	
STREET ADDRESS	8340 HARDING AVE #501	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANITELLI, CARMINI	
STREET ADDRESS	8340 HARDING AVE #402	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIA ANTONIO	
STREET ADDRESS	8340 HARDING AVE #502	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feria ERLAN	
STREET ADDRESS	8340 HARDING AVE #305	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX CABRERA	
STREET ADDRESS	8340 HARDING AVE #405	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/3/001** **305862-1**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)