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Feb 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751019 (1)

1. Corporation Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7327 BYRON AVE
MIAMI BEACH FL 33141

Mailing Address

7327 BYRON AVE
MIAMI BEACH FL 33141-2646



65 0666 997

NEW ID # AS OF 6/96

3. Date Incorporated or Qualified
02/13/1980

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

21 7327 BYRON AVE.

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH, FL

Zip

24 33141

Country

25 USA

2a. Mailing Address

26 7327 BYRON AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI BEACH, FL

Zip

29 33141

Country

30 USA

4. FEI Number

59-0715435 65 0666 997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URIBE, CONSUELO
7327 BYRON AVE #3
MIAMI BEACH FL 33141

81 Name

000

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

Urube

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME URIBE, CONSUELO
STREET ADDRESS 7327 BYRON AVE #3
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☐ DELETE

NAME SARDINAS, JUAN
STREET ADDRESS 835 84TH ST
CITY-ST-ZIP MIAMI BEACH FL

TITLE PD ☐ DELETE

NAME REYES, FELIX
STREET ADDRESS 7327 BYRON AVE., APT. 4
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Urube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Daytime Phone # 0029621

CR2E037 (9/96)