

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 751103 (3)  
1. Corporation Name  
BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.

95 FEB 10 PM 1:55

Principal Place of Business Mailing Address  
6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141  
6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1980	3a. Date of Last Report 07/21/1994
4. FBI Number 59-2115109	Applied For Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
HYMAN & KAPLAN  
44 WEST FLAGLER STREET  
MIAMI FL 33130

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE P	ROQUE, AUGUSTO 6801 INDIAN CREEK DRIVE, SUITE 406 208 MIAMI Bch, FL.
TITLE P	KISSEL, PHYLLIS 6901 INDIAN CREEK DRIVE, SUITE 501 MIAMI Bch, FL 00000
TITLE T	KELLY, SOPHIE 6801 INDIAN CREEK DRIVE, SUITE 704 MIAMI Bch, FL 00000
TITLE S	GUTTER, VIVIAN 6801 INDIAN CREEK DRIVE, SUITE 606 MIAMI FL
TITLE P	ROQUE, AUGUSTO 6801 INDIAN CREEK DR #208 MIAMI Bch, FL 00000
TITLE D	CARMEL, LEE 6801 INDIAN CREEK DR #707 MIAMI Bch, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROQUE, AUGUSTO
1.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE, #208
1.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KISSEL, PHYLLIS
2.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE, #501
2.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
3.1 TITLE	TREASURER, <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUINTEZ, CATALINO
3.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE, #309
3.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
4.1 TITLE	RECORDING SECRETARY, <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUTTER, VIVIAN
4.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE, #606
4.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
5.1 TITLE	<del>MONROE</del> DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MONROY, TONY
5.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE, #201
5.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BAKAL, JACK
6.3 STREET ADDRESS	6801 INDIAN CREEK DRIVE #709
6.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. 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 its 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: *Phyllis M. Kissel* PHYLLIS M. S. KISSEL 305-864-5427  
PRESIDENT JAN 31 1995 305-864-5427