SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Jul 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State annual **r**eport Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (5)BEACH HIGHER POWER CORP. Mailing Address Principal Place of Business C/O PRINCE MICHAEL HOTEL C/O PRINCE MICHAEL HOTEL 2618 COLLINS AVENUE 2618 COLLINS AVENUE MIAMI BEACH FL 33140-4705 MIAMI BEACH FL 33140-4705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0102530 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year intangible Zip Country Country Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 BURSTYN, EILEEN 2618 COLLINS AVE MB 82 Street MIAMI BCH FL 33140 83 84 City 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, if am firminar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) (2/38)OFFICERS AND IMPRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE I.1 TITLE DELETE Change Addition BURSTYN, EILEEN CR2E034 .2 NAME NAME 2618 COLLINS AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIF CITY-ST-ZIP TITLE 2.1 TITLE \_\_\_ DELETE Change Addition BURSTYN, JUDAH 2.2 NAME NAME 2618 COLLINS AVE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI** BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3 1 TITLE Change DELETE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE \_\_\_ Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE \_\_ DELETE Addition 400002588**6**で -07/14/98--01078--004 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*1178.75 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

FILED