

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 07 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L73691

(2)

1. Corporation Name

NEW BEACH REALTY, INC.

Principal Place of Business

169 LINCOLN RD  
SUITE 318  
MIAMI BEACH FL 33139

Mailing Address

169 LINCOLN RD  
SUITE 318  
MIAMI BEACH FL 33139-2020

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>05/16/1990   | 3a. Date of Last Report<br>07/25/1996 |
| 4. FEI Number<br>65-0195425   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZAR, BRUCE E., ESQ.

1111 LINCOLN RD-

#500-

MIAMI BEACH FL 33139

81 Name

Address change

82 Street Address (P.O. Box Number is Not Acceptable)

2901 Collins Ave/Ste M

83

Miami Beach, FL 33140

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|----------------------------|---|----------------------------|
| TITLE                      | D                          | 1.1 TITLE   | President                  |
| NAME                       | CHAVOUSTIE, ROBERT         | 1.2 NAME  | Thomas G. Cooney           |
| STREET ADDRESS             | 169 LINCOLN RD / STE 318   | 1.3 STREET ADDRESS                                    | 169 Lincoln Road/ Ste 318  |
| CITY - ST - ZIP            | MIAMI FL                   | 1.4 CITY - ST - ZIP                                   | Miami Beach, FL 33139-2020 |
| TITLE                      | MD                         | 2.1 TITLE   | Secretary                  |
| NAME                       | COONEY, JOHN W - Thomas G. | 2.2 NAME  | Lori Cooney                |
| STREET ADDRESS             | 169 LINCOLN RD. 1 STE 318  | 2.3 STREET ADDRESS                                    | 169 Lincoln Road/Ste 318   |
| CITY - ST - ZIP            | MIAMI FL                   | 2.4 CITY - ST - ZIP                                   | Miami Beach, FL 33139-2020 |
| TITLE                      |                            | 3.1 TITLE   |                            |
| NAME                       |                            | 3.2 NAME  |                            |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            |                            | 3.4 CITY - ST - ZIP                                   |                            |
| TITLE                      |                            | 4.1 TITLE   |                            |
| NAME                       |                            | 4.2 NAME  |                            |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |                            |
| TITLE                      |                            | 5.1 TITLE   |                            |
| NAME                       |                            | 5.2 NAME  |                            |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |                            |
| TITLE                      |                            | 6.1 TITLE   |                            |
| NAME                       |                            | 6.2 NAME  |                            |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                            |
| CITY - ST - ZIP            |                            | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS G. COONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189367

CR2E034 (9/96)