

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08478 (2)
1. Corporation Name
BEROL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
% BERNABE RAMIREZ 80-SEXTON COVE ROAD KEY LARGO FL 33097 1601 W 64 ST HIALEAH, FLA 33012		% BERNABE RAMIREZ 30-SEXTON COVE ROAD KEY LARGO FL 33097 1601 W 64 ST HIALEAH, FLA 33012	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified
04/03/1985

4. FEI Number
65-0121770

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LYONS, RICHARD W.
1230 N.W. 7TH STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RAMIREZ, BARNABE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	80-SEXTON COVE ROAD	1.2 NAME	
STREET ADDRESS	KEY LARGO FL	1.3 STREET ADDRESS	1601 W 64 ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HIALEAH, FLA 33012
TITLE	VD RAMIREZ, OLGA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	80-SEXTON COVE ROAD	2.2 NAME	
STREET ADDRESS	KEY LARGO FL	2.3 STREET ADDRESS	1601 W 64 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH, FLA 33012
TITLE	D RAMIREZ, ONELIO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	522 W. 28TH ST.	3.2 NAME	
STREET ADDRESS	HIALEAH FL 33010	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: *Bernabe Ramirez* 03/05/98

CR2E037 (10/97)