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**Mar 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N08478

1. Corporation Name  
**BEROL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1601 W 64 ST <del>28 SEXTON COVE ROAD</del> HIALEAH FL 33012 US	Mailing Address 1601 W 64 ST <del>28 SEXTON COVE ROAD</del> HIALEAH FL 33012 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <i>1601 W 64 ST HIALEAH FLA 33012</i> 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30	3. Date Incorporated or Qualified 04/03/1985	4. FEI Number 65-0121770 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
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9. Name and Address of Current Registered Agent <del>LYONS, RICHARD W.</del> <del>1230 N.W. 7TH STREET</del> <del>MIAMI FL</del>	10. Name and Address of New Registered Agent 81 Name <i>BERNABE RAMIREZ</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1601 W. 64 ST</i> 83 84 City <i>HIALEAH</i> FL 85 Zip Code <i>33012</i>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, BARNABE	1.2 NAME	
STREET ADDRESS	1601 W 64 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, OLGA	2.2 NAME	
STREET ADDRESS	1601 W 64 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	<del>D</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RAMIREZ, ONELO</del>	3.2 NAME	<i>OLGA RAMIREZ</i>
STREET ADDRESS	<del>522 W. 28TH ST.</del>	3.3 STREET ADDRESS	<i>1601 W 64 ST,</i>
CITY-ST-ZIP	<del>HIALEAH FL 33010</del>	3.4 CITY-ST-ZIP	<i>HIALEAH, FLA. 33012</i>
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, with all other like empowered.

SIGNATURE: *Katherine Harris* DATE: *2-21-99*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)