

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000001238 (4)

1. Corporation Name

THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

5601 COLLINS AVE.
MIAMI BEACH FL 33140

5601 COLLINS AVE.
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0507316

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALBOT, ABRAHAM A
999 WASHINGTON AVE
MIAMI BEACH FL 33139

81 Name
DELWOOD MANAGEMENT CO., INC.

82 Street Address (P.O. Box Number is Not Acceptable)
4431 S.W. 64th Avenue, Suite 113

83

84 City
Davie, FL 85 Zip Code
33314

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

[Handwritten Signature]

4/8/96

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GALBUT, ABRAHAM	
STREET ADDRESS	5601 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BETHANCOURT, MAGGIE	
STREET ADDRESS	5601 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	KIRAT, YAFFA	
STREET ADDRESS	5601 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MASEDA, LUIS	
1.3 STREET ADDRESS	5601 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach FL 33140	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CIRERA, PEDRO	
2.3 STREET ADDRESS	5601 Collins Avenue	
2.4 CITY-ST-ZIP	Miami Beach FL 33140	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KIRAT, YAFFA	
3.3 STREET ADDRESS	5601 Collins Avenue	
3.4 CITY-ST-ZIP	Miami Beach FL 33140	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHWARTZBEN, MEL	
4.3 STREET ADDRESS	5601 Collins Avenue	
4.4 CITY-ST-ZIP	Miami Beach FL 33140	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BECKMAN, FRANK	
5.3 STREET ADDRESS	5601 Collins Avenue	
5.4 CITY-ST-ZIP	Miami Beach FL 33140	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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:

[Handwritten Signature] FRANK BECKMAN
SECRETARY

Date

4/8/96 (954) 791-4800

Daytime Phone #

CR2E037 (12/95)