

# 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

5601 COLLINS AVE.  
MIAMI BEACH FL 33140

Mailing Address

5601 COLLINS AVE.  
MIAMI BEACH FL 33140



3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0507316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

*[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** ☒ DELETE

NAME **GALBOT, ABRAHAM**

STREET ADDRESS **5601 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VTD** ☒ DELETE

NAME **BETHANCOURT, MAGGIE**

STREET ADDRESS **5601 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **SVD** ☐ DELETE

NAME **KIRAT, YAFFA**

STREET ADDRESS **5601 COLLINS AVE.**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

**P/D**

☐ Change ☒ 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**

☐ Change ☒ 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**

☒ Change ☐ 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**

☐ Change ☒ 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**

☐ Change ☒ 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK BECKMAN**

*[Signature]*

4/8/96

Date

(954) 791-4800

Deputy Phone #

CR2E037 (12/95)