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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33140-2456

3. Date Incorporated or Qualified  
03/14/1994

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0507316

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALBOT, ABRAHAM A  
4431 SW 84TH AVENUE,  
SUITE 113  
DAVIE FL 33314

81 Name GRS MANAGEMENT OF BROWARD INC  
82 Street Address (P.O. Box Number is Not Acceptable)  
4431 SW 84th AVENUE  
83 SUITE 113  
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

*Maria E. Barreto*

MARIA E. BARRETO V/P

DATE 4/23/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME LUIS MASEDA  
STREET ADDRESS 5601 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VDP  DELETE  
NAME PEDRO CIRERA  
STREET ADDRESS 501 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME KIRAT, YAFFA  
STREET ADDRESS 5601 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE D MAGGIE BRYAN CONT  Change  Addition  
3.2 NAME 5601 COLLINS AVE  
3.3 STREET ADDRESS MIAMI BEACH FL  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME MEL SCHWARTZBEN  
STREET ADDRESS 5601 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME FRANK BECKMAN  
STREET ADDRESS 5601 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(f), 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

DATE 1/3/97 305-861-4600  
Daytime Phone # 0029626

CR2E037 (9/96)