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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N94 000005942**

1. Corporation Name
MIAMI BEACH TAXPAYERS ASSOCIATION INC

Principal Place of Business
**636 W. 51st TERR
MIAMI BEACH FL 33140**

Mailing Address
**636 W. 51st TERRACE
MIAMI BEACH
FL 33140**

2. Principal Place of Business 21 636 W. 51st TERR Suite, Apt. #, etc.	2a. Mailing Address 26 636 W. 51st TERRACE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 1992
22 City & State MIAMI BEACH	27 City & State MIAMI BEACH FL	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
23 Zip FL 33140	28 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required
24 Zip 33140	25 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JOSE ASMUNDSSON 636 W. 51st TERRACE MIAMI BEACH FL 33140	10. Name and Address of New Registered Agent 81 Name JOSE ASMUNDSSON 82 Street Address (P.O. Box Number is Not Acceptable) 636 W. 51st TERRACE 83 City MIAMI BEACH 84 Zip FL 33140 85 Zip Code FL 33140
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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: **JOSE ASMUNDSSON** (NOTE: Registered Agent signature required when reinstating) DATE: **2-15-99**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME JO ASMUNDSSON STREET ADDRESS 636 W. 51st TERRACE CITY-ST-ZIP MIAMI BEACH FL 33140	1.1 TITLE P 1.2 NAME JO ASMUNDSSON 1.3 STREET ADDRESS 636 W. 51st TERRACE 1.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE VP NAME PERRY M. FABIAN STREET ADDRESS 590 W. 50th STREET CITY-ST-ZIP MIAMI BEACH FL 33140	2.1 TITLE MINETTE BENSON 2.2 NAME MINETTE BENSON 2.3 STREET ADDRESS 5660 COLLINS AVENUE 2.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE S NAME MICHAEL VITA STREET ADDRESS 6770 INDIAN CREEK DRIVE CITY-ST-ZIP MIAMI BEACH FL 33140	3.1 TITLE ISABELLA SULKOWSKI 3.2 NAME ISABELLA SULKOWSKI 3.3 STREET ADDRESS 1036 MICHIGAN AVENUE 3.4 CITY-ST-ZIP MIAMI BEACH FL 33139
TITLE D NAME ADA LLERANDI STREET ADDRESS 11 ISLAND AVENUE CITY-ST-ZIP MIAMI BEACH FL 33140	4.1 TITLE ADA LLERANDI 4.2 NAME ADA LLERANDI 4.3 STREET ADDRESS 11 ISLAND AVENUE 4.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE D NAME IRVING SHIMOFF STREET ADDRESS 4488 PRINCE AVENUE CITY-ST-ZIP MIAMI BEACH FL 33140	5.1 TITLE D 5.2 NAME WARREN STAMM 5.3 STREET ADDRESS 6100 LA GORCE DRIVE 5.4 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE D NAME MERYL WOLFSON STREET ADDRESS 5050 N. BAY ROAD CITY-ST-ZIP MIAMI BEACH FL 33140	6.1 TITLE D 6.2 NAME MERYL WOLFSON 6.3 STREET ADDRESS 5050 N. BAY ROAD 6.4 CITY-ST-ZIP MIAMI BEACH FL 33140

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: **J. ASMUNDSSON** DATE: **2-15-99** DAYTIME PHONE #: **305-861-5703**

CR2E037 (11/98)