

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90013 008 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000000918

1. Corporation Name

MIAMI BEACH COUNCIL OF CONDOMINIUMS, INC.

Principal Place of Business

**6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140**

Mailing Address

**6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140**

* 5 9 55502 - 90013 - 8 2 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/16/1998	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		30 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAY, HENRY
6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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	D (PRESIDENT)	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAY, HENRY			1.2 NAME			
STREET ADDRESS	6039 COLLINS AVENUE #419			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY-ST-ZIP			
TITLE	D (TREASURER)	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINGOLD, MARTIN			2.2 NAME			
STREET ADDRESS	5555 COLLINS AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			2.4 CITY-ST-ZIP			
TITLE	D (VICE PRESIDENT)	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KADIN, SOL			3.2 NAME			
STREET ADDRESS	965 79TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			3.4 CITY-ST-ZIP			
TITLE	D (SECRETARY)	<input type="checkbox"/> DELETE		4.1 TITLE	D (SECRETARY)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OREAR, CRAIG			4.2 NAME	OREAR, CRAIG		
STREET ADDRESS	7330 OCEAN TERRACE #2704			4.3 STREET ADDRESS	7330 OCEAN TERRACE #2704		
CITY-ST-ZIP	MIAMI BEACH, FL 33141			4.4 CITY-ST-ZIP	MIAMI BEACH FL 33141		
TITLE	D (ASSISTANT VICE PRES)	<input type="checkbox"/> DELETE		5.1 TITLE	D (ASSISTANT VICE PRES)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DURAN, JOSE			5.2 NAME	DURAN, JOSE		
STREET ADDRESS	2655 COLLINS AV. #1711			5.3 STREET ADDRESS	2655 COLLINS AV. #1711		
CITY-ST-ZIP	MIAMI BEACH FL 33140			5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140		
TITLE		<input type="checkbox"/> DELETE		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:

Craig Orear **REQUIRE OREAR**

7-21-99

305.865.8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)