09241999-90013-010 $61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 AM 11:30

DOCUMENT # N98000001421

1. Corporation Name
GOLDEN BEACH IMPROVEMENT FOUNDATION TRUST, INC.

Principal Place of Business	Mailing Address
7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014	7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/11/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0829238 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAVLOV, MARINA 7480 FAIRWAY DRIVE #206 MIAMI LAKES FL 33014	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIKOVSKY, SARA		1.2 NAME		
STREET ADDRESS	616 NORTH ISLAND		1.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CUENCA, JUDY		2.2 NAME		
STREET ADDRESS	325 CENTER ISLAND DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MELTZER, ODED		3.2 NAME		
STREET ADDRESS	122 GOLDEN BEACH DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YARAM NAHARI		4.2 NAME		
STREET ADDRESS	200 OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH 33160		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUZY CHARNEY		5.2 NAME		
STREET ADDRESS	5 OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH 33160		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: SIGNATURE REQUIRED Judy Cuenca 9/10/99 305-557-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #