FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041592 (4)

FILED Apr 27 1998 8:00am Secretary of State

BEACHCAM COMMUNITY ASSOCIATION MANAGEMENT, INC.						
						A PROMERI NER KREIN BERNE BERNE BONG BONG BONG BERNE BUNG BERNE KANNA KANNA KANNA KANNA
Principal Plac	ce of Business	Mailing Address	Mailing Address			
910 COLLINS AVE 910 COLLINS AVE						
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						·
2. Principal F	Place of Business	2a. Mailing Address	2a, Mailing Address			06/03/1994 4. FEI Number Applied For
21		26	26			65-0500027 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22	 	27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country Zip Co		untry		Trust Fund Contribution	
24	25	29	30	u iliy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No
	9. Name and Address of Curr		130	T		10. Name and Address of New Registered Agent
МА	ARTINEZ, LIANA			81	Name	
	O COLLINS AVE			82	Street /	Address (P.O. Box Number is Not Acceptable)
	AMI BEACH FL 33139					Address (F.O. Box Horriber is Not Acceptable)
				83	•	
				84	City	85 Zip Code
44 8					•	FL T
11. Pursuant office or a	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statut ite of Florida. Such change was	les, the a authorize	ibove id by	e-named the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	am fami liar with, and accept the obl	igations of, Section 607.0505, Fl	orida Sta	lutes		as the second of
SIGNATURE	Signature, typod or printed name of registered i	word and little of southeable (MOI)	f Popietore	id Ago	ni ekonolure	o required when reinstating) DATE
12.		IND DIRECTORS	13.	iu Agei	in signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 T	ITLE		Change Addition
NAME	MARTINEZ, LIANA		1.2 N	AME		
STREET ADDRESS	910 COLLINS AVE	COLLINS AVE 12		TREET.	ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 C	1.4 CITY - ST		
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, LIANA		2.2 N			
STREET ADORESS	910 COLLINS AVE				ADDRESS	
CITY-ST-ZIP TITLE	MIAMI BEACH FL			ITY-S	T-ZIP	Channe II Addition
NAME	VSD Perez-Villar, anibal p	First Occition		3.1 TITLE 3.2 NAME		. Change . Addition
STREET ADDRESS	910 COLLINS AVE				ADDRESS	
CITY+ST-ZIP	MIAMI BEACH FL			HTY-S		
TITLE		DELETE	4.1 1			☐ Change ☐ Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 S	TREET A	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S		- ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 C 6 1 Ti	TY-ST	- ZiP	Change Ladding
NAME			62 N		-	L Change L Addition
STREET ADDRESS	•		1		ADDRESS	
CITY-ST-ZIP	•			INEEL F TY-ST		
	certify that the information supplied	with this filling does not qualify for				ed in Section 119.07(3)(i) Florida Statutes. I further certify that the information

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE AGNOTADOR

4-13-98 305/177-6494

;R2E034 (10/97)