

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073876 (1)**

1. Corporation Name
BEACH HOUSE, INC.



Principal Place of Business: **1201 WEST AVE MIAMI BEACH FL 33139**
Mailing Address: **1201 WEST AVE MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **09/25/1995**
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	27	2b. Mailing Address	28	2c. City & State	29	2d. Zip	30	2e. Country	31	4. FEI Number	32	Applied For
			PO BOX 39-819		PO BOX 39-819		MIAMI BEACH FL		33239-819		DADE		65-0613979		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		33		7. \$8.75 Additional Fee Required		34. \$5.00 May Be Added to Fees	
				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> No							
23	City & State	28	City & State	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent									
				PALLANT, JOSEPH 1201 WEST AVE #4 MIAMI BEACH FL 33139											
24	Zip	25	Country	29	Zip	30	Country	81		82		83		84	
								Name		Street Address (P.O. Box Number is Not Acceptable)				City	
														FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change is 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 607.0503, Florida Statutes.

SIGNATURE: *Joseph Pallant* DATE: **1/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PALLANT, JOSEPH	1.2 NAME	
STREET ADDRESS	1201 WEST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with a address.

SIGNATURE: *Joseph Pallant* DATE: **1/17/96** DAYTIME PHONE #: **532-7623**

CR2E034 (12/95)