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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000016577

1. Corporation Name
BOCA BEACH PLACE INC

Principal Place of Business — Mailing Address
5250 TOWN CENTER CIR STE 135
BOCA RATON
FLORIDA 33486-1067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
98 FEB 19

4. FEI Number
65-0817132 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
EVA CAPUANO
832 N.E. 206th STREET
NORTH MIAMI BEACH
FLORIDA 33179

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

000002769480--1
-02/09/99--01059--001
****150.00 ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE EVA CAPUANO — Signature typed or printed name of registered agent and title if applicable — DATE 2-1-99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT [ ] DELETE
NAME	IRWIN MAJZNER
STREET ADDRESS	2344 TIMBERCREEK CIRCLE
CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	VICE PRESIDENT [ ] DELETE
NAME	DOMINIQUE MAJZNER
STREET ADDRESS	2344 TIMBERCREEK CIRCLE
CITY-ST-ZIP	BOCA RATON FLORIDA 33431
TITLE	SECRETARY [ ] DELETE
NAME	EVA CAPUANO
STREET ADDRESS	832 N.E. 206th STREET
CITY-ST-ZIP	North MIAMI Beach FLORIDA 33179
TITLE	TREASURER [ ] DELETE
NAME	ISAAC CAPUANO
STREET ADDRESS	832 N.E. 206th STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FLORIDA 33179
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Add
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Add
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Add
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Add
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Add
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

LCR 2/5/99

CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dominique Majzner DOMINIQUE MAJZNER 2-1-99 561-447-8551