FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000024392

BEACH VIEW MANAGEMENT & INVESTMENT, INC.

Principal Place of Business Mailing Address						O lice Ba nkla Or kina 144	ilê kindo iki n i	8169 \$181 t#A1
780 NW LEJEUNE ROAD		780 NW LEJEUNE ROAD						
SUITE NO. 618		SUITE NO. 618		DO NOT WITH	OTE IN THIS (DACE.		
MIAMI FL 33126		MIAMI FL 33126		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 03/16/1998	1		ļ
A D: : ID:	/ During	2a. Mailing Address			4. FEI Number		- Apr	olied For
'	ace of Business	H "			1.1062-0858.	3 4 \	·	Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		02 0314		\$8.75 A		
		27		5. Certifcate of Status Desired		Fee Red	quired	
City & State		City & State		6. Election Campaign Financing	' o	\$5.00	May Be	
23		28		Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the cur			
24	25	29	0		Personal Property Tax.		_	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered A	gent	
I OPE	7 IOSE							
LOPEZ, JOSE 780 NW LEJEUNE ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE NO. 618			83					
MIAMI FL 33126			55					
MIN WHITE GO IEG			84	City	FL 85 Zip Code			ode
44 Durament	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-	named com	oration submits this statement for the	e purpose of c	hanging its	registered
office or re	enistered agent, or both, in the State of	of Florida. Such change was auth	norized by th	e corporation	on's board of directors. I hereby acce	ept the appoint	iment as reç	jistered
agent. Far	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent s	signature require	d when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O	FFICERS AND		
TITLE	_		1.1 TITLE				Change	Addition
NAME	LOPEZ, JOSE 12N		1.2 NAME					
officer bories			1.3 STREET A	DDRESS				
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP					
TITLE	☐ DELETE 2.1 TO		2.1 TITLE	İ	-	,	Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	238		23 STREET A	DDRESS				ļ
CITY-ST-ZIP			2. 4 CITY-ST-	ZIP				□ Addition
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET A	DDRESS				
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			Changa	☐ Addition
TITLE			4.1 TITLE				Change	Modition:
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A				_	
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-	ZIP			Change	Addition
Tπι€			5.1 TITLE				□ change	
NAME			52 NAME	ODDEĆĆ				
STREET ADDRESS			5.3 STREET A					
CITY-ST-ZIP			5.4 CITY-ST-	ZIP ²				

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 changing, or on an attactment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition