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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



(307.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S80834

(2)

Mailing Address

BEACH M.O.B., INC.

Principal Place of Business

FILED	
Jan 22 1998 8:00am	1
Secretary of State	

|--|--|

	STON AVENUE FL 33139-4611	1127 WASHINGTON AVENUE MIAMI BEACH FL 33139-4611					
					DO NOT WRITE !  3. Date Incorporated or Qualified	N THIS SPACE	
					09/17/1991		
2. Principal Pl	ace of Business	2a, Mailing Address	- ,		4. FEI Number		Applied For
21		26			65-0284787		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	**************************************			□ \$8.	.75 Additional
22		27			5. Certificate of Status Desired	<u>Г</u>	ee Required
City & State	•	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Žiρ	Country	Zip	Countr	<b>/</b>	8. This corporation owes or has paid	_ `	
24	25 Same and Address of Curren		30		Personal Property Tax due June 3  10. Name and Address of New Reg		
DAG	<del></del>		81	Name	10. Hamb and Places of Hot Hog	.o.o.oo ragoin	
	STERNAK ACCOUNTING AND TA EUCLID AVENUE	A SERVICES, INC				<del></del>	
	TE 3		82	Street Ad	ddress (P.O. Box Number is Not Acceptable	e)	
	MI BEACH FL 33139		83	<del> </del>	A-18-18-18-18-18-18-18-18-18-18-18-18-18-		
min	MI DEACH I E 33108						
			84	City		FL 65	Zip Code
11. Pursuant l	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the abov	e-named co	orporation submits this statement for the puration's board of directors. I hereby accept		ging its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au dions of, Section 607.0505. Flori	ilhorized b ida Statute	y the corpoi s.	ration's board of directors. I hereby accept	the appointme	nt as registered
SIGNATURE							
SIGNATURE	Signature, typod or printed name of registered age	, <u> </u>	Registered Ag	ont signature rec	quired when reinstating)	DATE	
12.	OFFICERS AND		13.	1	ADDITIONS/CHANGES TO OFFICE		
TITLE	P	☐ DELETE	1.1 TITLE			L. Ch	ange 🔲 Additior
NAME	COHEN, MOISES		1.2 NAME				
STREET ADDRESS	1127 WASHINGTON AVE			TADDRESS			
CITY-ST-ZIP	MIAMI BCH FL	T on the	1.4 CITY-	ST-ZIP		☐ Ch	ange Addition
TITLE	ST SETA	L DELETE	2.1 TITLE			Un	ange Augition
NAME	COHEN, BETH		2.2 NAME				
STREET ADDRESS	1127 WASHINGTON AVE			ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Ch	ange Addition
TITLE				[		OII	ange Addition
NAME			3.2 NAME	r annoneoc			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	31-71L		☐ Ch	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Ch	ange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby o	ertily that the information supplied wi	th this filing does not qualify for	the exemp	otion stated	in Section 119.07(3)(i), Florida Statutes. I fu alure shall have the same legal effect as if r	urther certify the	at the information
officer or i	director of the corporation or the rece	iver or trustee empowered to ex	ecute this	report as re	equired by Chapter 607, Florida Statutos; a	nd that my nam	ne appears in
Block 12 (	or Block 13 if changed, or on an attac	nment with an address.	,				