

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S91029 (6)

1. Corporation Name

BEACH RENOVATIONS, INC.

Principal Place of Business
5445 COLLINS AVENUE
MIAMI BEACH, FL 33140-2519

Mailing Address
5445 COLLINS AVENUE
MIAMI BEACH, FL 33140-2519

3. Date Incorporated or Qualified
10/30/91

3a. Date of Last Report

2. Principal Place of Business
21 555 NE 15th STREET

2a. Mailing Address
26 555 NE 15th STREET

4. FEI Number
65-0303317

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33132

Country
25

Zip
29 33132

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALBUT, ABRAHAM A.
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE *Abraham Galbut* *ABRAHAM GALBUT 8-1-96* DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P/V/D	BITTON, MORDECHAI	5445 COLLINS AVENUE	MIAMI BEACH, FL 33140	<input type="checkbox"/>
S	SARDINAS, JORGE	5445 COLLINS AVENUE	MIAMI BEACH, FL 33140	<input type="checkbox"/>
T	DACHOH, SHLOMO	555 NE 15th STREET	MIAMI, FL 33132	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
1.1	1.1 TITLE	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY - ST - ZIP
2.1	2.1 TITLE	2.1 NAME	2.1 STREET ADDRESS	2.1 CITY - ST - ZIP
3.1	3.1 TITLE	3.1 NAME	3.1 STREET ADDRESS	3.1 CITY - ST - ZIP
4.1	4.1 TITLE	4.1 NAME	4.1 STREET ADDRESS	4.1 CITY - ST - ZIP
5.1	5.1 TITLE	5.1 NAME	5.1 STREET ADDRESS	5.1 CITY - ST - ZIP
6.1	6.1 TITLE	6.1 NAME	6.1 STREET ADDRESS	6.1 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAXPAYER
COPY

Date

Daytime Phone

CR2E034 (12/95)