

**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 <b>5445 COLLINS AVENUE MIAMI BEACH, FL 33140-2519</b>	Mailing Address <b>5445 COLLINS AVENUE MIAMI BEACH, FL 33140-2519</b>
--	--

3. Date Incorporated or Qualified <b>10/30/91</b>	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business <b>21 555 NE 15th STREET</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 555 NE 15th STREET</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0303317</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 MIAMI, FL</b>	27 City & State <b>28 MIAMI, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>33132</b>	25 Country	29 Zip <b>33132</b>	30 Country
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: *Abraham Galbut* **ABRAHAM GALBUT 9-1-96** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/V/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTON, MORDECHAI	1.2 NAME	
STREET ADDRESS	5445 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SARDINAS, JORGE	2.2 NAME	
STREET ADDRESS	5445 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DACHOH, SHLOMO	3.2 NAME	
STREET ADDRESS	555 NE 15th STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**000001917680**  
-08/09/96--01030--012  
\*\*\*225.00

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 if changed, or on an attachment with an address.

SIGNATURE: *Shlomo Dachoh* **SHLOMO DACHOH**

**TAXPAYER COPY**

705-774-5700

CR2E034 (12/95)