

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **751019 (1)**
1. Corporation Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7327 BYRON AVE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified **02/13/1980** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business **MIAMI BEACH** 2a. Mailing Address **7327 BYRON AVE**
Suite, Apt. #, etc.

4. FEI Number **59-0715435** Applied For Not Applicable

23. City & State **MIAMI BEACH, FL.** 28. City & State **MIAMI BEACH, FL.**
24. Zip **33141** 25. Country **USA** 29. Zip **33141** 30. Country **USA**

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REYES, FELIX
7327 BYRON AVE #4
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81. Name **CONSUELO URIBE**
82. Street Address (P.O. Box Number is Not Acceptable) **7327 BYRON AVE. APT. # 3**
83. **MIAMI BEACH, FL.**
84. City **33141** FL 85. Zip Code **33141**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* SECRETARY DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, CONSUELO	1.2 NAME
STREET ADDRESS	7327 BYRON AVE #3	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINAS, JUAN	2.2 NAME
STREET ADDRESS	835 84TH ST	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, FELIX	3.2 NAME
STREET ADDRESS	7327 BYRON AVE., APT. 4	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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[Signature]
4-27-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **C. URIBE** SECRETARY 4/9/96 Date Daytime Phone #

CR2E037 (12/95)