


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7327 BYRON AVE MIAMI BCH FL 33141	Mailing Address 7327 BYRON AVE MIAMI BCH FL 33141 US
---	---

3. Date Incorporated or Qualified 02/13/1980
4. FEI Number 65-0666997
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

21. Principal Place of Business 7325 7327	2a. Mailing Address 7327 BYRON AVE
22. Suite, Apt. #, etc. MIAMI BEACH, FL.	27. Suite, Apt. #, etc.
23. City & State 33141	28. City & State MIAMI BEACH, FL.
24. Zip U.S.A	29. Zip 33141
25. Country U.S.A	30. Country U.S.A

9. Name and Address of Current Registered Agent URIBE, CONSUELO 7327 BYRON AVE #3 MIAMI BEACH FL 33141
--

10. Name and Address of New Registered Agent
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 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 **CONSUELO URIBE** *C. Uribe* **1/12/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PRESIDENT ^{TD}
NAME	URIBE, CONSUELO	1.2 NAME	MELIDA DE LA PAZ
STREET ADDRESS	7327 BYRON AVE #3	1.3 STREET ADDRESS	7325 BYRON AVE #2 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TREASURER ^{TD}
NAME	SARDINAS, JUAN	2.2 NAME	FELIPE DE LA PAZ
STREET ADDRESS	835 84TH ST	2.3 STREET ADDRESS	7325 BYRON AVE #2 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	SECRETARY ^{TD}
NAME	REYES, FELIX	3.2 NAME	CONSUELO URIBE
STREET ADDRESS	7327 BYRON AVE., APT. 4	3.3 STREET ADDRESS	7327 BYRON AVE #3 M. BEACH FL 33141
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **CONSUELO URIBE** *C. Uribe* **1/12/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)