


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90123 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 751019

1. Corporation Name  
**BEN-MOL CONDOMINIUM ASSOCIATION, INC.**

\* 2 7 272243 - 90108 - 26 3 \*

Principal Place of Business  
 7325-7327 MIAMI BCH FL 33141 US

Mailing Address  
 7327 BYRON AVENUE  
 MIAMI BCH FL 33141  
 US



*7325-7327 BYRON AVE. MIAMI BEACH*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28 <i>7327 BYRON AVE</i>	02/13/1980
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		65-0666997
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>
<i>MIAMI BEACH, FL</i>	<i>MIAMI BEACH, FL</i>	\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing <input type="checkbox"/>
<i>33141</i>	<i>33141</i>	Trust Fund Contribution
25 Country	30 Country	\$5.00 May Be Added to Fees
<i>USA</i>	<i>USA</i>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
URIBE, CONSUELO 7327 BYRON AVE #3 MIAMI BEACH FL 33141	81 Name <i>FELIPE DE LA PAZ</i>
	82 Street Address (P.O. Box Number is Not Acceptable) <i>7325 BYRON AVE APT # 2</i>
	83
	84 City <i>MIAMI BEACH, FL</i> 85 Zip Code <i>33141</i>

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 *FELIPE DE LA PAZ* *Felipe de la Paz* DATE *3/25/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA PAZ, MELIDA	1.2 NAME	
STREET ADDRESS	7325 BYRON AVE. #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA PAZ, FELIPE	2.2 NAME	
STREET ADDRESS	7325 BYRON AVE #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, CONSUELO	3.2 NAME	
STREET ADDRESS	7327 BYRON AVE #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE		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		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		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	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *2/21/99*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)