


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717783 (5)

1. Corporation Name
BAYSHORE TERRACE CONDOMINIUM, INC.

Principal Place of Business 1455 WEST AVENUE MIAMI BEACH FL 33139	Mailing Address 1455 WEST AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1969	3a. Date of Last Report 01/25/1994
4. FEI Number 59-1608402	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEIST, THOMAS
1455 W. AVE. APT. #1002
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

B1 Name Ivette Ensenat
B2 Street Address (P.O. Box Number is Not Acceptable) 1455 West Avenue #801
B3
B4 City Miami Beach
B5 State FL
B6 Zip Code 33139

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: *Ivette Ensenat, President* *Arthur Ensenat* **3/8/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIST, THOMAS 1455 WEST AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGER, CLARE 1455 WEST AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVLOW, DEBORAH 1455 WEST AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, SUSAN 1455 WEST AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, MARTIN 1455 WEST AVENUE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Ensenat, Ivette 1455 West Avenue #801 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Schroeder, Kurt 1455 West Avenue #802 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D Maso, Graciela 1455 West Avenue #201 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D Anderson, Isabel 1455 West Avenue #203 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 on an attachment with an address.

SIGNATURE: *Arthur Ensenat* *Ivette Ensenat* **3/8/95** **(305) 534-3722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)