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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 717783

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/23/1969

4. FEI Number

59-1608402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

C/O SPM GROUP, INC.
2151 LEJEUNE RD #305
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 EDUARDO ROTUNDO / MANAGER
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CRITTENDEN, JOHN
STREET ADDRESS 1455 WEST AVE #1002
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE
NAME SANTANGELO, PETER
STREET ADDRESS 1455 WEST AVE, #1003
CITY-ST-ZIP MIAMI BCH FL

TITLE TD ☐ DELETE
NAME MASO, GRACIELA
STREET ADDRESS 1455 WEST AVE 201
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☐ DELETE
NAME ANDERSON, ISABEL
STREET ADDRESS 1455 WEST AVE 203
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE
NAME SARDI, JUAN
STREET ADDRESS 1455 WEST AVE #901
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: JOSE M. CRITTENDEN, PRES. 1/14/99 (305) 4446757
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)