

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 # 717860 (1)

1. Corporation Name
BAYSHORE PLACE CONDOMINIUM, INC.



Principal Place of Business 1420 S. BAYSHORE DRIVE MIAMI FL 33131	Mailing Address 1420 S. BAYSHORE DRIVE MIAMI FL 33131
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3. Date Incorporated or Qualified 01/12/1970	3a. Date of Last Report 03/20/1995
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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	4. FEI Number 59-1475007	Applied For Not Applicable
Country 25	Country 30	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
		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 ZAMORA, NELLY 1420 SOUTH BAYSHORE DRIVE MIAMI FL 33131	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE FLORES, MIRTA 1420 SOUTH BAYSHORE DRIVE MIAMI FL	1.1 TITLE V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE CISNEROS, TERESA PEREZ 1420 SOUTH BAYSHORE DRIVE MIAMI FL	2.1 TITLE TREAS/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME WILLIAM J. WHELAN	
STREET ADDRESS		2.3 STREET ADDRESS 1420 S. BAYSHORE DR	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE D	<input checked="" type="checkbox"/> DELETE TATZ, ARTHUR 1420 SOUTH BAYSHORE DRIVE MIAMI FL	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME WALTER LAMBERT	
STREET ADDRESS		3.3 STREET ADDRESS 1420 S. BAYSHORE DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE P	<input checked="" type="checkbox"/> DELETE MORALES, YOLANDA 1420 SE BAYSHORE DRIVE MIAMI FL	4.1 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME NICOLAS AGUIRRE	
STREET ADDRESS		4.3 STREET ADDRESS 1420 S. BAYSHORE DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE TD	<input checked="" type="checkbox"/> DELETE CENTNER, SYLVIA 1420 S. BAYSHORE DRIVE MIAMI FL	5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME TERESA MIGNONE	
STREET ADDRESS		5.3 STREET ADDRESS 1420 S. BAYSHORE DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE V	<input checked="" type="checkbox"/> DELETE MYERS, LYL 1420 S BAYSHORE DRIVE MIAMI FL	6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME ROBERTO SUAREZ	
STREET ADDRESS		6.3 STREET ADDRESS 1420 S. BAYSHORE DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI, FL 33131	

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 on an attachment with an address.

SIGNATURE: *Nicolás Aguirre* **1/31/96** **(305) 373 5987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)