

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 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 # 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
---	---

3. Date Incorporated or Qualified 01/12/1970		
4. FEI Number 59-1475007	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

2. Principal Place of Business 21 1420 BRICKELL BAY DR Suite, Apt. #, etc.	2a. Mailing Address 26 1420 BRICKELL BAY DR Suite, Apt. #, etc.		
22 City & State 23 MIAMI, FL	27 City & State 28 MIAMI, FL		
24 Zip 33131	25 Country 1	29 Zip 33131	30 Country

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) 1420 BRICKELL BAY DR
83
84 City MIAMI FL 85 Zip Code 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	VPS PEREZ-CISNEROS, TERESA 1420 S BAY SHORE DR MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, RAMON 1420 S BAYSHORE DR MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, WALTER 1420 S BAYSHORE DR MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, LORAN JR. 1420 S BAYSHORE DR MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNONE, TERESA 1420 S BAYSHORE DR MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, ROBERTO 1420 S BAYSHORE DRIVE MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 3/17/98 305 373 5987

CR2E037 (10/97)