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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718293 (4)

1. Corporation Name
BAYVIEW CONDOMINIUM, INC.



Principal Place of Business Mailing Address
~~P O BOX 109013~~ PLANTATION FL 33318
~~P O BOX 109013~~ PLANTATION FL 33318-9013

3. Date Incorporated or Qualified 03/30/1970
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 2151 DE JEUNE Rd. 26 2151 DE JEUNE Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 305 27 # 305
City & State City & State
23 Coral Gables, FL Coral Gables FL
Zip Country Zip Country
24 33134 25 USA 29 33134 30 USA

4. FEI Number 59-1491351 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT
6289 W SUNRISE BLVD
SUITE 202
SUNRISE FL 33343

10. Name and Address of New Registered Agent
81 Name EDUARDO ROTUNDO
82 Street Address (P.O. Box Number is Not Acceptable) 2151 DE JEUNE RD. # 305
83
84 City Coral Gables FL 85 Zip Code 33134

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* EDUARDO ROTUNDO (MANAGER) DATE: 4/8/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAFAEL LETOURNEAUT	
STREET ADDRESS	1345 LINCOLN RD #503	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JACKIE WOODWARD	
STREET ADDRESS	1345 LINCOLN RD #905	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRUCHTER, MARTHA	
STREET ADDRESS	1345 LINCOLN RD. STE. 402	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYES, RAFAEL	
STREET ADDRESS	1345 LINCOLN RD. #604	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARMAYOR, RAFAEL	
STREET ADDRESS	1345 LINCOLN RD., SUITE 806	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONSUEGRA, LAZARO	
STREET ADDRESS	1345 LINCOLN RD., SUITE 905	
CITY - ST - ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORGE CANCIO	
1.3 STREET ADDRESS	1345 LINCOLN RD. # 302	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUIS ROSADO	
2.3 STREET ADDRESS	1345 LINCOLN RD #405	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARGARITA CUEVAS	
3.3 STREET ADDRESS	1345 LINCOLN Rd # 603	
3.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FANIA RIKHANSKY	
4.3 STREET ADDRESS	1345 LINCOLN RD. #1004	
4.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAZARO CONSUEGRA	
6.3 STREET ADDRESS	1345 LINCOLN RD # 905	
6.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	

14. I do 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.
April 10, 1997

SIGNATURE: *Rafael Letourneaut* Rafael Letourneaut (305) 4906757

CR2E037 (9/96)