


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718293 (4)**

1. Corporation Name  
**BAYVIEW CONDOMINIUM, INC.**



Principal Place of Business 2151 LE JEUNE RD #305 CORAL GABLES FL 33134 US	Mailing Address 2151 LE JEUNE RD #305 CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified  
**03/30/1970**

4. FEI Number  
**59-1491351**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

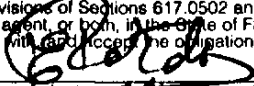
9. Name and Address of Current Registered Agent

**ROTUNDO, EDUARDO**  
**2151 LE JEUNE 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	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:  DATE: **4/20/98**

Signature, typed (printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD RAFAEL LETOURNEAU	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD #503	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROSADO, LUIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD #405	2.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD FRUCHTER, MARTHA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD. STE. 402	3.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D REYES, RAFAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD. #804	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD ARMAYOR, RAFAEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD., SUITE 806	5.2 NAME	
STREET ADDRESS	MIAMI BCH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD CONSUEGRA, LAZARO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD., SUITE 905	6.2 NAME	
STREET ADDRESS	MIAMI BCH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  DATE: **April 23, 1998** 305-672-8544

CR2E037 (10/97)