


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724869
 1. Corporation Name
BAYVIEW Point No. CONDOMINIUM ASSOC. INC

Principal Place of Business 3770 N.E. 171ST STREET NORTH MIAMI BEACH, FL. 33160	Mailing Address 3770 N.E. 171ST ST NORTH MIAMI BEACH, FL 33160
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3. Date Incorporated or Qualified 11/22/1972	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2357157	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$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	

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

9. Name and Address of Current Registered Agent ALEJANDRO DIAZ 3770 N.E. 171ST STREET N. MIAMI BEACH, FL 33160		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 617.08 and 617.09, 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, which change was authorized by the corporation's board of directors, whereby accept the appointment as registered agent. I am a resident of the State of Florida.
 SIGNATURE: Alejandro Diaz DATE: April 22 98
 NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	FRIEDMAN MINERVA	PD	DIAZ ALEJANDRO
3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.
N. MIAMI BEACH, FL. 33160	N. MIAMI BEACH, FL. 33160	N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL 33160
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	2.2 NAME
SD	EISENBERG THELMA	VSD	SANCHEZ, RAYMOND
3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.
N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL 33160
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	3.2 NAME
TD	PELTZMAN HERBERT	TD	PELTZMAN HERBERT
3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.	3770 N.E. 171 ST ST.
N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL 33160	N. MIAMI BEACH, FL. 33160	N. MIAMI BEACH, FL. 33160
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	7.1 TITLE	7.2 NAME
<input type="checkbox"/> DELETE		<input 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; that I am the receiver or trustee of the corporation; or that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: Alejandro Diaz DATE: April 22, 98 954-489-2738
 DAYTIME PHONE #

CFR2E037 (10/97)