


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758923 (7)

1. Corporation Name
BAY VIEW PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1621 BAY ROAD MIAMI BEACH FL 33139	Mailing Address 1621 BAY ROAD MIAMI BEACH FL 33139-2104
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3. Date Incorporated or Qualified 06/25/1981	3a. Date of Last Report 08/02/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number 59-2032878	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

~~EDELMAN, BORIS
1621 BAY RD.
MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name SAMUEL WEINTRAUB	
82 Street Address (P.O. Box Number is Not Acceptable) 7760 W. 20th AVE, SUITE 1	
83	
84 City HIALEAH	85 Zip Code FL 33016

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 Samuel Weintraub SAMUEL WEINTRAUB DATE 5/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDELMAN, BORIS	
STREET ADDRESS	1601 N.E. 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDELMAN, ARNOLD	
STREET ADDRESS	1601 N.E. 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, KRISTINE B.	
STREET ADDRESS	1621 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMUEL WEINTRAUB	
1.3 STREET ADDRESS	7760 W. 20th AVE, SUITE 1	
1.4 CITY-ST-ZIP	HIALEAH, FLA 33016	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABRAHAM WEINTRAUB	
2.3 STREET ADDRESS	7760 W. 20th AVE, SUITE 1	
2.4 CITY-ST-ZIP	HIALEAH, FLA 33016	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABRAHAM WEINTRAUB	
3.3 STREET ADDRESS	7760 W 20th AVE, SUITE 1	
3.4 CITY-ST-ZIP	HIALEAH, FLA 33016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

Samuel Weintraub 4/17/97 (201) 572-2398

CR2E037 (9/96)