

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 29 PM 1:15

DOCUMENT # 758923

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



03-04-99 90161 025 \$61.25

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/25/1981	59-2032878	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEINTRAUB, SAMUEL 7760 W 20TH AVE STE. 1 HIALEAH FL 33016		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
		83	84 City
			85 Zip Code
			FL 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: *Samuel Weintraub* DATE: 8/25/99  
Signature, typed or 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	PD WEINTRAUB, SAMUEL	1.1 TITLE	PD David FRANKBERG
NAME	WEINTRAUB, SAMUEL	1.2 NAME	1621 BAY ROAD PH 1
STREET ADDRESS	7760 W 20TH AVE, STE. 1	1.3 STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VD WEINTRAUB, ABRAHAM	2.1 TITLE	VD DAVID WUBEL
NAME	WEINTRAUB, ABRAHAM	2.2 NAME	1621 BAY ROAD 1203
STREET ADDRESS	7760 W 20TH AVE, STE. 1	2.3 STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD WEINTRAUB, ABRAHAM	3.1 TITLE	SD MARK LUBY
NAME	WEINTRAUB, ABRAHAM	3.2 NAME	1621 BAY ROAD 802
STREET ADDRESS	7760 W 20TH AVE, STE. 1	3.3 STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: *Samuel Weintraub* DATE: 9-25-1999 DAYTIME PHONE: 954-378-2337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00000000 CR2E037 (5/99)