

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N13367 (0)
 1. Corporation Name
MIAMI BAYSIDE FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O HOWARD GARY
3050 BISCAYNE BLVD., STE.#603
MIAMI FL 33137

3. Date Incorporated or Qualified **02/10/1986** 3a. Date of Last Report **06/22/1995**

| | | | |
|---|---------------------------|---|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2834504 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

GARY, HOWARD
3959 BISCAYNE BLVD. STE 603
MIAMI FL 33137

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Vice Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PARDON, EDUARDO | 1.2 NAME | Favole, Esther |
| STREET ADDRESS | 300 NE 2ND AVE | 1.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 303 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, FL 33146 |
| TITLE | VC <input type="checkbox"/> DELETE | 2.1 TITLE | Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAIR, T. WILLARD | 2.2 NAME | Fair, T. Willard |
| STREET ADDRESS | 8500 NW 25TH AVE | 2.3 STREET ADDRESS | 8500 N.W. 25th Avenue |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, FL 33147 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARROS, MARIA CHRISTINA | 3.2 NAME | Barros, Maria Christina |
| STREET ADDRESS | 2450 S.W. 27TH AVE | 3.3 STREET ADDRESS | 2340 W. 8th Avenue |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Hialeah, FL 33010 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZIER, RONALD E. | 4.2 NAME | Frazier, Ronald E. |
| STREET ADDRESS | 5800 N.W. 7TH AVE | 4.3 STREET ADDRESS | 2125 Biscayne Blvd. Suite 330 |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | Miami, FL 33137 |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEIDENER, MAGGIE | 5.2 NAME | Williams, Gail |
| STREET ADDRESS | 10418 N.W. 31ST TERR. | 5.3 STREET ADDRESS | 77 West Plaza |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | Miami, FL 33147 |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, GAIL | 6.2 NAME | Williams, Gail |
| STREET ADDRESS | 149 WEST PLAZA-235 | 6.3 STREET ADDRESS | 77 West Plaza |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | Miami, FL 33147 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Ronald E. Frazier, Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)