

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
C/O HOWARD GARY 3050 BISCAYNE BLVD., STE.#603 MIAMI FL 33137-4143

3. Date Incorporated or Qualified 02/10/1986
3a. Date of Last Report 06/25/1996

2. Principal Place of Business 2a. Mailing Address
21 c/o Sharpton, Brunson & Co Suite, Apt. #, etc. 26 c/o Sharpton, Brunson & Co Suite, Apt. #, etc.
22 One S.E. 3rd Avenue, #2100 27 One S.E. 3rd Avenue, #2100
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country
24 33131 25 Dade 29 33131 30 Dade

4. FEI Number 59-2834504 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GARY, HOWARD
3959 BISCAYNE BLVD. STE 603
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name T. Willard Fair
82 Street Address (P.O. Box Number is Not Acceptable) 8500 N.W. 25th Avenue
83
84 City Miami FL 85 Zip Code 33147

11. Pursuant to the provisions of Section 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 *T. Willard Fair* T. WILLARD FAIR, CHAIRMAN APRIL 9, 1997
Signature typed or printed and of registered agent and not applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VC <input type="checkbox"/> DELETE
NAME	FAVOLE, ESTHER
STREET ADDRESS	4649 PONCE DE LEON BLVD. SUITE 303
CITY-ST-ZIP	MIAMI FL
TITLE	C <input type="checkbox"/> DELETE
NAME	FAIR, T. WILLARD
STREET ADDRESS	8500 NW 25TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BARROS, MARIA CHRISTINA
STREET ADDRESS	2450 S.W. 27TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FRAZIER, RONALD E.
STREET ADDRESS	2125 BISCAYNE BLVD. SUITE 330
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WEIDENER, MAGGIE
STREET ADDRESS	10418 N.W. 31ST TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILLIAMS, GAIL
STREET ADDRESS	77 WEST PLAZA
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	Trustee (Tr) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Trustee (Tr) <input checked="" 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 officer 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: *T. Willard Fair* T. WILLARD FAIR, CHAIRMAN APRIL 9, 1997 (305) 696-4450
Signature typed or printed and of principal officer or director Date Daytime Phone # 00000000

CR2E037 (9/96)

1997 NON-PROFIT CORPORATION ANNUAL REPORT

MIAMI BAYSIDE FOUNDATION, INC. (DOCUMENT #N13367)

BLOCK 13. (CONT'D.)

Trustee (Tr)
Darryl K. Sharpton
One S.E. Third Avenue, Suite 2100
Miami, Florida 33131

Addition