


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13367 (0)**

1. Corporation Name  
**MIAMI BAYSIDE FOUNDATION, INC.**



Principal Place of Business <b>C/O SHARPTON, BRUNSON &amp; CO                  ONE SE 3RD AVE. #2100                  MIAMI FL 33131                  US</b>	Mailing Address <b>C/O SHARPTON, BRUNSON &amp; CO                  ONE SE 3RD AVE. #2100                  MIAMI FL 33131                  US</b>
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3. Date Incorporated or Qualified  
**02/10/1986**

4. FEI Number  
**59-2834504**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 C/O MRD Consulting</b> Suite, Apt. #, etc. <b>22 400</b> City & State <b>23 Miami, Florida</b> Zip <b>24 33145</b> Country <b>25 Dade</b>	2a. Mailing Address <b>26 3191 Coral Way</b> Suite, Apt. #, etc. <b>27 400</b> City & State <b>28 Miami, Florida</b> Zip <b>29 33145</b> Country <b>30 Dade</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FAIR, T W  
 8500 NW 25TH AVE  
 MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

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

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	<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 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 \_\_\_\_\_

SIGNATURE: *[Handwritten Signature]* DATE: **1/28/98**

CR2E037 (10/97)