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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004788 (3)

BAL-BRIDGE SOUTH, INC. Principal Place of Business Mailing Address 10230 COLLINS AVE 10230 COLLINS AVE BAL HARBOUR FL 33154 BAL HARBOUR FL 33154-1410 3a. Date of Last Report 02/27/1996 3. Date Incorporated or Qualified 08/13/1974 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1563411 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П 23 26 Trust Fund Contribution Added to Fees Country $Z \oplus$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Eisinger, Dennis J EISINGER, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. 82 ONE TURNBERRY PLACE, SUITE 606 83 19495 BISCAYNE BLVD. Suite 265 South N. MIAMI BEACH FL 33180 84 33621 Hollywood, 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or per ted name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition ☐ DELETE ЯЩ 1.1 TITLE SANCHEZ, JOSE F 1.2 NAME NAME 10230 COLLINS AVE 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE V - D21 TITLE NAME **GAUTHIER, GASTON** 22 NAME STREET AUDRESS 10230 COLLINS AVE 2.3 STREET ADDRESS **BAL HARBOUR FL** CHTY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE ST - DMARTIN, JOSE O NAME 3.2 NAME STREET ADDRESS 10230 COLLINS AVE 3.3 STREET ADDRESS BAL HARBOUR FL 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition HitE 4.1 TITLE AS - DNAME AMARAL, ALVARO P 4. 2 NAME 10230 COLLINS AVE 4.3 STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL** CITY - S1 - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - \$1 - ZIF DELETE 6.1 TITLE ☐ Change Addition THE 6.2 NAME NAM

> 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

SIGNATURE:

STREET ADDRESS

COLY - ST - ZIE

ATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone # 0031

FILED

Mar 19 1997 8:00am

Secretary of State