

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090918 (0)**

1. Corporation Name

1000 BAY DRIVE CORPORATION



Principal Place of Business: **1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131**
Mailing Address: **1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131**

3. Date Incorporated or Qualified: **11/29/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **c/o Ronen Glazer**
Suite, Apt. #, etc.
22 **4 East 28th Street**
City & State
23 **New York, NY**
Zip
24
Country
25 **USA**
2a. Mailing Address
26 **c/o Ronen Glazer**
Suite, Apt. #, etc.
27 **4 East 28th Street**
City & State
28 **New York, NY**
Zip
29 **10016**
Country
30 **USA**

4. FEI Number: **65-0628924**
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
KASDIN, NEISEN O ESQ.
1428 BRICKELL AVENUE
6TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P GLAZER, RONAN
STREET ADDRESS	% 1428 BRICKELL AVE. 6TH FLOOR
CITY- ST- ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	SV BEIT-HA; ACHAMI, DAVID
STREET ADDRESS	% 1428 BRICKELL AVE. 6TH FLOOR
CITY- ST- ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glazer, Ronen
1.3 STREET ADDRESS	c/o The Latham Hotel, 4 E. 28th Street
1.4 CITY- ST- ZIP	New York, New York 10016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beit-Halachami, David
2.3 STREET ADDRESS	c/o The Latham Hotel, 4 E. 28th Street
2.4 CITY- ST- ZIP	New York, New York 10016
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: , President

Date: **2/2/96** 912-6858300
Daytime Phone #

CR2E034 (12/95)