

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

FILED  
98 JUL 24 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97 000075563**  
1. Corporation Name

**BAYVIEW POOL, BAR AND GRILL, INC.**

Principal Place of Business Mailing Address  
**801 Brickell Bay Drive 801 Brickell Bay Drive**  
**Miami, FL 33131-2952 Miami, FL 33131-2952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	08/29/97	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		65-0780937	
Zip	Country	Zip	Country	Applied for	
24	25	29	30	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
<b>MARIA A. SANTOS</b> <b>801 Brickell Bay Drive</b> <b>Miami, FL 33131</b>				XX \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

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

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 *Maria A. Santos* **Maria A. Santos** DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicable (Not a Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P, S, T, D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maria A. Santos</b>	12 NAME	
STREET ADDRESS	<b>801 Brickell Bay Drive</b>	13 STREET ADDRESS	<b>900002601959-7</b>
CITY-ST-ZIP	<b>Miami, FL 33131</b>	14 CITY-ST-ZIP	<b>-07/29/98--01030--012</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>****158.75 ****158.75</b>
NAME		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of an attachment with an address.

SIGNATURE: *Maria A. Santos* **Maria A. Santos** (305) 373-7565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

*Handwritten initials/signature*

BAYBIEW POOL & BAR GRILL, INC.  
801 BRICKELL BAY DRIVE  
MIAMI, FLORIDA 33131

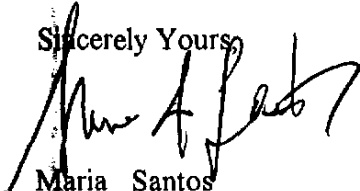
July 17, 1998

Department of State  
Annual Reports Filings  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Fl. 32302-1500

Reference: Annual Report of Bayview Pool Bar & Grill, Inc.  
Letter number: 498A00035754

Gentleman, I became ill and was unable to take care of the business matters properly. The original forms were lost and the report attached was subsequently completed. The corporation and myself personally are in the verge of a total disaster and this penalty would put us under. The late filing was not intentional but as result of my inability to take care of things, due to illness. I hereby ask that you waive the penalty as there is already a substantial burden on the company due to my inability to take care of things over the past few months. I have now taken steps to make sure that we are timely in the future by passing this responsibility to my accountant

Sincerely Yours,

  
Maria Santos