

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:17

DOCUMENT # **717860** (1)

1. Corporation Name  
**BAYSHORE PLACE CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**1420 S. BAYSHORE DRIVE MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1970</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>59-1475007</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**DEMPSTER, THEODORE R.  
1492 S. MIAMI AVE.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name <b>Nelly Zamora</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1420 S. Bayshore Dr.</b>
83. City & State <b>Miami, FL</b>
84. Zip Code <b>33131</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 **Nelly Zamora, Manager** *Nelly Zamora* DATE **3/10/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>GREEN, LORN</b>
STREET ADDRESS	<b>1420 S. BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>CISNEROS, PABLO P.</b>
STREET ADDRESS	<b>1420 SE BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>MARSH, JEAN</b>
STREET ADDRESS	<b>1420 SE BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b>
NAME	<b>MORALES, YOLANDA</b>
STREET ADDRESS	<b>1420 SE BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>CENTNER, SYLVIA</b>
STREET ADDRESS	<b>1420 S. BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>MYERS, LYL</b>
STREET ADDRESS	<b>1420 S BAYSHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mirta Flores</b>
1.3 STREET ADDRESS	<b>1420 S. Bayshore Dr.</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Treas. D</b>
2.3 STREET ADDRESS	<b>Teresa Perez Cisneros</b>
2.4 CITY-ST-ZIP	<b>1420 S. Bayshore Dr. Miami, FL 33131</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>Arthur Tatz</b>
3.4 CITY-ST-ZIP	<b>1420 S. Bayshore Dr. Miami, FL 33131</b>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yolanda Morales* DATE **3/15/95** (303) 3235987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR