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CORPORATION
ANNUAL REPORT
1995



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

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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 01/12/1970	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1475007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 **Nelly Zamora**
82 Street Address (P.O. Box Number is Not Acceptable)
1420 S. Bayshore Dr.
83
84 City **Miami, FL** 85 Zip Code **33131**

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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD Mirta Flores 1420 S. Bayshore Dr. Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treas. D Teresa Perez Cisneros 1420 S. Bayshore Dr. Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Arthur Tatz 1420 S. Bayshore Dr. Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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