SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $296)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:07

DOCUMENT # **N13367** **(0)**

1. Corporation Name

MIAMI BAYSIDE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O HOWARD GARY 3050 BISCAYNE BLVD., STE.#603 MIAMI FL 33137	C/O HOWARD GARY 3050 BISCAYNE BLVD., STE.#603 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1986
3a. Date of Last Report: 10/05/1994
4. FEI Number: 59-2834504 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

GARY, HOWARD
3959 BISCAYNE BLVD. STE 603
MIAMI FL 33137

10. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	PARDRON, EDUARDO	12 NAME		
STREET ADDRESS	300 NE 2ND AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VC	21 TITLE		☐ Change ☐ Addition
NAME	FAIR, T. WILLARD	22 NAME		
STREET ADDRESS	8500 NW 25TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARROS, MARIA CHRISTINA	32 NAME		
STREET ADDRESS	2450 S.W. 27TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, RONALD E.	42 NAME		
STREET ADDRESS	5800 N.W. 7TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	T	☐ Change ☐ Addition
NAME	ACOSTA, ILEANA	52 NAME	Maggie Weidener	
STREET ADDRESS	121 SHORE DR. W.	53 STREET ADDRESS	10418 N.W. 31st Terr.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL 33172	
TITLE	T	61 TITLE	T	☐ Change ☐ Addition
NAME	ALONSO, JOSE	62 NAME	Gail Williams	
STREET ADDRESS	3023 N.W. 24TJH ST	63 STREET ADDRESS	149 West Plaza-235	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami, FL 33147	

CR2E037 (3/95)

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

SIGNATURE: Ronald E. Frazier, Treasurer 6/12/95 (305) 571-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000374