

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717860 (1)

1. Corporation Name
BAYSHORE PLACE CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified 01/12/1970	3a. Date of Last Report 03/20/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1475007	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZAMORA, NELLY 1420 SOUTH BAYSHORE DRIVE MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	V.P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, MIRTA	1.2 NAME	
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREAS/SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, TERESA PEREZ	2.2 NAME	WILLIAM J. WHELAN
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE	2.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATZ, ARTHUR	3.2 NAME	WALTER LAMBERT
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE	3.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, YOLANDA	4.2 NAME	NICOLAS AGUIRRE
STREET ADDRESS	1420 SE BAYSHORE DRIVE	4.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTNER, SYLVIA	5.2 NAME	TERESA MIGNONE
STREET ADDRESS	1420 S. BAYSHORE DRIVE	5.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, LYL	6.2 NAME	ROBERTO SUAREZ
STREET ADDRESS	1420 S BAYSHORE DRIVE	6.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33131

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: *Nicolás Aguirre* **1/31/96** **(305) 373 5987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)