

**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 <b>01/12/1970</b>	3a. Date of Last Report <b>03/20/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1475007</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	
<b>ZAMORA, NELLY</b> 1420 SOUTH BAYSHORE DRIVE MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V.P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORES, MIRTA</b>	1.2 NAME	
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TREAS/SEC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CISNEROS, TERESA PEREZ</b>	2.2 NAME	<b>WILLIAM J. WHELAN</b>
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	2.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATZ, ARTHUR</b>	3.2 NAME	<b>WALTER LAMBERT</b>
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	3.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORALES, YOLANDA</b>	4.2 NAME	<b>NICOLAS AGUIRRE</b>
STREET ADDRESS	<b>1420 SE BAYSHORE DRIVE</b>	4.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CENTNER, SYLVIA</b>	5.2 NAME	<b>TERESA MIGNONE</b>
STREET ADDRESS	<b>1420 S. BAYSHORE DRIVE</b>	5.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, LYL</b>	6.2 NAME	<b>ROBERTO SUAREZ</b>
STREET ADDRESS	<b>1420 S BAYSHORE DRIVE</b>	6.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>

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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)