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 # 752754 (2)

1. Corporation Name

BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
12079 SW 131ST AVE.
MIAMI FL 33186

Mailing Address
12079 SW 131ST AVE.
MIAMI FL 33186

3. Date Incorporated or Qualified: 06/03/1980
3a. Date of Last Report: 02/13/1995

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

4. FEI Number: 59-2066115 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAY, FRED
66 WEST FLAGLER STREET, SUITE 300
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: Jonathan Cohen, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 201 So. Biscayne Blvd.
83: 15th Floor
84 City: Miami FL 85 Zip Code: 33131

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COHEN, JONATHAN		1.2 NAME	BARBONI, JIM	
STREET ADDRESS	2545 S BAYSHORE DR 111		1.3 STREET ADDRESS	2545 S. BAYSHORE DR, #311	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	AINSWORTH, BEVERLY		2.2 NAME	MALDONADO, ALDOLFO	
STREET ADDRESS	2545 S. BAYSHORE DR.		2.3 STREET ADDRESS	36 BAY HEIGHTS DR.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	RODRIGUEZ, ~~[illegible]~~ ALFREDO		3.2 NAME	SOUZA, CARLOS	
STREET ADDRESS	2545 S. BAYSHORE DR.		3.3 STREET ADDRESS	2545 S. BAYSHORE DR, #207	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	KRAY, FRED		4.2 NAME		
STREET ADDRESS	2545 S. BAYSHORE DR,#305		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HYDE, CONNIE		5.2 NAME		
STREET ADDRESS	2545 S BAYSHORE DR 105		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FENSTER, PAUL		6.2 NAME		
STREET ADDRESS	6380 S. DIXIE HWY.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		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: Jonathan Cohen, Esq.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)