FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

N18693

(4)

DOCUMENT #
1. Corporation Name THE BAYSIDE MERCHANTS ASSOCIATION, INC.

THE BAYSIDE MEHCHANTS ASSOCIATION, INC.									
Principal Place o	f Business	Mailing Address							
R-106	ENTER MANAGEMENT OFFICE	% BAYSIDE C R-106		NAGEMENT C	FFICE				
MIAMI FL 3313 US	32	MIAMI FL 33132 US			3. Date Incorporated or Qualified 01/12/1987 3a. Date of L 05/0			Last Report 01/1995	
2. Principal Plac	ce of Business	2a. Mailing Add	ress		•	4. FEI Number			oplied For
1		26				59-2852253			ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zıp	-	Country		This corporation has liability for Florida Statutes	or intangible tax 1 Yes 🔲	unders. 1	99.032,
4	25 9 Name and Address of Curre	29 Agent		30		10. Name and Address of Nev			
	9. Name and Address of Curr	BIII Hegistereo Agent		81	Name				
TERCHLA	A RAIN D			82	Street Add	ress (P.O. Box Number is Not Accep	table)		
TERCILLA, RAUL D. BAYSIDE CENTER, MANAGEMENT OFFICE				82	Sireer Add	resay to box trained to trot resop			
	CAYNE BLVD., SUITE R-106	_		83					
MIAMI FI	•			84	City			85 Zip	Code
				ì	1	oration submits this statement for the	<u>FL</u>		alaborad offic
or registere familiar with	ed agent, or both, in the State of Fig n, and accept the obligations of, Se	ection 617.0503, Florida	a Statutes.	Dy the corp.	oration's boo	and of directions. Thereby except	DATE		
	Signature, typed or printed name of registered ag	ent and tille if applicable	(NOTE	: Registered Age	ni signature requir	ed when reinstating: ADDITIONS/CHANGES TO (DIRECTO	RS IN 12
12.	PD		ELETE	1.1 TITLE				Change	Addition
NAME	BUGLINO, PHIL			1.2 NAME					
STREET ADDRESS	401 BISCAYNE BLVD.			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CITY~	ST-ZIP		_[Change	Addition
TITLE	VP		ELETE	2.1 TITLE			L	triango	
NAME	WOODALL, HARDY			2.2 NAME					
STREET ADDRESS	401 BISCAYNE BLVD. MIAMI FL			2.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE	SD SD		ELETE	3 1 TITLE	31-Lir	([Change	Addition
NAME	TERCILLA, RAUL D.			3.2 NAME	·				
STREET ADDRESS	401 BISCAYNE BLVD.			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		١	3.4, CITY		\`` 	· ·	Change	Addition
TITLE	Ť	· 🖸 🖯	Etel Par		JOSEPH PROPERTY OF THE PROPERT		L	Change	L Acquiron
NAME	HAKIM, JOSEPH	, ,,			E. Y8	V ¹ ······			
STREET ADDRESS	401 BISCAYNE BLVD.			1	ET ADDRESS -ST-ZIP	· •			
CITY-ST-ZIP	MIAMI FL		DELETE	5 1 TITLE		1.		Change	Addition
TITLE NAME		,		5.2 NAMI	t				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				5.4 CITY	- ST - ZIP				
TITLE			DELETE	61 TITLE				☐ Change	Addition
NAME				6.2 NAM	1				
STREET ADDRESS				1	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		untorik turn	6.4 CITY		y for the exemption stated in Section	119.07(3)(k). Fid	orida Statu	tes. I further
14. I do herel certify that oath; that appears i	by certify that the information supplied the information indicated on this till am an officer or director of the conflict of t	annual report or supple orporation or the receiv for op an attachment v	mental anno er or trusted vith an addr	ual report is i e empowere	true and accu d to execute	urate and that my signature shall have this report as required by Chapter 61	the same legal 7, Florida Statul	effect as i tes; and th	f made unde at my name

SIGNATURE AND THE OR PRINCED CAME OF SIGNING OFFICER OR DIRECTOR