

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N13367 (0)

1. Corporation Name

MIAMI BAYSIDE FOUNDATION, INC.

Principal Place of Business

C/O HOWARD GARY  
3050 BISCAYNE BLVD., STE #603  
MIAMI FL 33137

Mailing Address

C/O HOWARD GARY  
3050 BISCAYNE BLVD., STE #603  
MIAMI FL 33137



3. Date Incorporated or Qualified

02/10/1986

3a. Date of Last Report

06/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2834504

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
PARDON, EDUARDO  
300 NE 2ND AVE  
MIAMI FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VC  
FAIR, T. WILLARD  
8500 NW 25TH AVE  
MIAMI FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BARROS, MARIA CHRISTINA  
2450 S.W. 27TH AVE  
MIAMI FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
FRAZIER, RONALD E.  
5800 N.W. 7TH AVE  
MIAMI FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WEIDENER, MAGGIE  
10418 N.W. 31ST TERR.  
MIAMI FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WILLIAMS, GAIL  
149 WEST PLAZA-235  
MIAMI FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Vice Chairperson  
Favole, Esther  
4649 Ponce de Leon Blvd. Suite 303  
Miami, FL 33146  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Chairperson  
Fair, T. Willard  
8500 N.W. 25th Avenue  
Miami, FL 33147  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Secretary  
Barros, Maria Christina  
2340 W. 8th Avenue  
Hialeah, FL 33010  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Treasurer  
Frazier, Ronald E.  
2125 Biscayne Blvd. Suite 330  
Miami, FL 33137  
☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Trustee  
Williams, Gail  
77 West Plaza  
Miami, FL 33147  
☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Trustee  
Williams, Gail  
77 West Plaza  
Miami, FL 33147  
☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Frazier, Treasurer

Date

Daytime Phone #

CR2E037 (3/96)