

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33131-3615

3. Date Incorporated or Qualified  
01/12/1970

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-1475007

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

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

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          | VP                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | FLORES, MIRTA             |  |
| STREET ADDRESS | 1420 SOUTH BAYSHORE DRIVE |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |
| TITLE          | ST                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | WHELAN, WILLIAM           |  |
| STREET ADDRESS | 1420 S BAYSHORE DR        |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | LAMBERT, WALTER           |  |
| STREET ADDRESS | 1420 S BAYSHORE DR        |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |
| TITLE          | P                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | AGUIRRE, NICOLAS          |  |
| STREET ADDRESS | 1420 S BAYSHORE DR        |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | MIGNONE, TERESA           |  |
| STREET ADDRESS | 1420 S BAYSHORE DR        |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | SUAREZ, ROBERTO           |  |
| STREET ADDRESS | 1420 S BAYSHORE DRIVE     |  |
| CITY-ST-ZIP    | MIAMI FL                  |  |

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | VP/SEC                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | TERESA PEREZ-CISNEROS |  |
| 1.3 STREET ADDRESS | 1420 S. BAYSHORE DR   |  |
| 1.4 CITY-ST-ZIP    | MIAMI, FL 33131       |  |
| 2.1 TITLE          | D.                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | RAMON FLORES          |  |
| 2.3 STREET ADDRESS | 1420 S. BAYSHORE DR   |  |
| 2.4 CITY-ST-ZIP    | MIAMI, FL 33131       |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          | PRES                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | LORN A. GREEN, JR.    |  |
| 4.3 STREET ADDRESS | 1420 S. BAYSHORE DR.  |  |
| 4.4 CITY-ST-ZIP    | MIAMI, FL 33131       |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          | TREAS.                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 CITY-ST-ZIP    |                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Lorn A. Green, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/10/97  
Daytime Phone # 373-0159 (305)

CR2E037 (9/96)