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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 1420 S. BAYSHORE DRIVE
MIAMI FL 33131 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 21	2a. Mailing Address 26	4. FEI Number 59-1475007	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		29	30

9. Name and Address of Current Registered Agent ZAMORA, NELLY 1420 SOUTH BAYSHORE DRIVE MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP/SEC
NAME	FLORES, MIRTA	1.2 NAME	TERESA PEREZ-CISNEROS
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS	1420 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D.
TITLE	ST	2.2 NAME	RAMON FLORES
NAME	WHELAN, WILLIAM	2.3 STREET ADDRESS	1420 S. BAYSHORE DR
STREET ADDRESS	1420 S BAYSHORE DR	2.4 CITY-ST-ZIP	MIAMI, FL 33131
CITY-ST-ZIP	MIAMI FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
TITLE	D	3.2 NAME	
NAME	LAMBERT, WALTER	3.3 STREET ADDRESS	
STREET ADDRESS	1420 S BAYSHORE DR	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL		
	<input type="checkbox"/> DELETE	4.1 TITLE	PRES
TITLE	P	4.2 NAME	LORN A. GREEN, JR.
NAME	AGUIRRE, NICOLAS	4.3 STREET ADDRESS	1420 S. BAYSHORE DR.
STREET ADDRESS	1420 S BAYSHORE DR	4.4 CITY-ST-ZIP	MIAMI, FL 33131
CITY-ST-ZIP	MIAMI FL		
	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
TITLE	D	5.2 NAME	
NAME	MIGNONE, TERESA	5.3 STREET ADDRESS	
STREET ADDRESS	1420 S BAYSHORE DR	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL		
	<input type="checkbox"/> DELETE	6.1 TITLE	TREAS.
TITLE	D	6.2 NAME	
NAME	SUAREZ, ROBERTO	6.3 STREET ADDRESS	
STREET ADDRESS	1420 S BAYSHORE DRIVE	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL		
	<input type="checkbox"/> DELETE		

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.* PRES 2/10/97 (305) 373-0159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026480

CR2E037 (9/96)