


108645 - 108766

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18693 (4)
1. Corporation Name
THE BAYSIDE MERCHANTS ASSOCIATION, INC.



Principal Place of Business % BAYSIDE CENTER MANAGEMENT OFFICE R-106 401 BISCAYNE BLVD MIAMI FL 33132 US		Mailing Address % BAYSIDE CENTER MANAGEMENT OFFICE R-106 401 BISCAYNE BLVD MIAMI FL 33132 US		3. Date Incorporated or Qualified 01/12/1987	
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		4. FEI Number 59-2852253 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent TERCILLA, RAUL D. BAYSIDE MARKETPLACE 401 BISCAYNE BLVD., SUITE R-106 MIAMI FL 33132			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BUGLINO, PHIL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUGLINO, PHIL		1.2 NAME HAKIM, JOSEPH	
STREET ADDRESS 401 BISCAYNE BLVD.		1.3 STREET ADDRESS 401 BISCAYNE BLVD	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLEJA, EMILIO		2.2 NAME CALLEJA, EMILIO	
STREET ADDRESS 401 BISCAYNE BLVD.		2.3 STREET ADDRESS 401 BISCAYNE BLVD	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERCILLA, RAUL D.		3.2 NAME	
STREET ADDRESS 401 BISCAYNE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOODALL, HARDY		4.2 NAME MS. PANZEGNA	
STREET ADDRESS 401 BISCAYNE BLVD.		4.3 STREET ADDRESS 401 BISCAYNE BLVD	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

TERCILLA, RAUL D. SECRETARY

1/5/98

(305) 577-3344X7021

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