FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **545769** **(2)**

1. Corporation Name

BAHIA VISTA CORP. NORTE, INC.

Principal Place of Business

2505 FLAMINGO DR.
MIAMI BEACH FL 33140

Mailing Address

2505 FLAMINGO DR.
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: **09/21/1977**

3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business

21 1228 Alton Rd
Suite, Apt. #, etc
22

City & State
23 Miami Beach Fl

Zip 24 33139 County 25 U.S.A

2a. Mailing Address

26 1228 Alton Rd.
Suite, Apt. #, etc
27

City & State
28 Miami Beach Fl

Zip 29 33139 County 30 U.S.A

4. FEI Number: **59-1777964** ☐ 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

ROSE, LEO, JR
1111 LINCOLN RD., SUITE 500
MIAMI BCH FL 33140

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 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RESNICK, ABE		1.2 NAME		
STREET ADDRESS	2505 FLAMINGO DR.		1.3 STREET ADDRESS	1228 Alton Rd	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami Beach Fl	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RESNICK, JAMES		2.2 NAME		
STREET ADDRESS	2505 FLAMINGO DR		2.3 STREET ADDRESS	1228 Alton Rd	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	Miami Beach Fl	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Resnick 4-16-96 305-6734981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #