FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SUITE 500

MIAMI BEACH FL 33139



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 545770

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BAHIA VISTA CORP. SUR,INC.

rincipario	ICO OI DUSIII033	Manifing About	633	<u> </u>			
1228 ALTON ROAD MIAMI BEACH FL 33139 US		1228 ALTON ROAD Miami Beach Fl 33139 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 09/21/1977			
2. Principal Place of Business		2a. Mailing A	ddress	4. FEI Number	Applied For		
21		26		59-1777962	Not Applicable		
Suite, Ap	t. #, etc.	Suite, Apt	. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	ate	City & Sta	ite	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30	This corporation owes or has paid the operation and Property Tax due June 30.	current year Intangible X Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSE, LEO, JR				me			
1111 LINCOLN RD			62 Stre	82 Street Address (P.O. Box Number is Not Acceptable)			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, 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, 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

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SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able (NOTE	: Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	SD	DELETE	1.1 TITLE	☐ Change	Additio
IAME"	RESNICK, ABE		1.2 NAME		
treet address	1228 ALTON ROAD		1.3 STREET ADDRESS		
ITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP		
TTLE	PD	DELETE	2.1 TITLE	☐ Change	Addition
NAME	RESNICK JAMES		2.2 NAME		
STREET ADDRESS	1228 ALTON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Additio
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
ITLE		DELETE	4.1 TITLE	☐ Change	Additio
IAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
ITLE		DELETE	5.1 TITLE	☐ Change	Addition
IAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TETLE	☐ Change	Addition
VAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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

SIGNATURE:

2-16-48

205-6734981

FILED

Feb 18 1998 8:00am

Secretary of State