

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 PM 6:26

DOCUMENT # 660063

(9)

1. Corporation Name

BAHA DEVELOPMENT CORP.

Principal Place of Business

10000 W. BAY HARBOR DR.
BAY HARBOR FL 33154
US

Mailing Address

10000 W. BAY HARBOR DR.
APT. 423
BAY HARBOR ISLANDS FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1991193

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 or intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOTTFRIED, HAROLD
1000 W. BAY HARBOR DR.
APT. 423
BAY HARBOR ISLAND FL 33154

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Type in printed name of registered agent and title if applicable

(Signature) Registered Agent signature (signature area) (signature)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GOTTFRIED, HAROLD	1.2 NAME	
STREET ADDRESS	1000 W. BAY HARBOR DR. APT. 423	1.3 STREET ADDRESS	
CITY, ST, ZIP	BAY HARBOR ISLAND FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	GOTTFRIED, BARBARA	2.2 NAME	
STREET ADDRESS	1000 W BAY HARBOR DR. APT. 423	2.3 STREET ADDRESS	
CITY, ST, ZIP	BAY HARBOR ISLAND FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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:

HAROLD GOTTFRIED

JUN 29

9562506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

(System Print)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 662566

(9)

1. Corporation Name

E. M. CAPITAL, INC.

Principal Place of Business

**TWO GROVE ISLE DR., STE. 1010
 MIAMI, FL 33133**

Mailing Address

**TWO GROVE ISLE DR., STE. 1010
 MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1980

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2149711

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

2. Principal Place of Business

21 1 SE 3rd AVE

2a. Mailing Address

26 1 SE 3rd AVE

Suite, Apt. #, etc.

22 1500

Suite, Apt. #, etc.

27 1500

City & State

23 MIAMI, FLA

City & State

28 MIAMI, FLA

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

**MESSING, ELLIOTT
 TWO GROVE ISLE DR., STE. 1010
 MIAMI, FLORIDA
 33133**

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **MESSING, ELLIOTT**
 STREET ADDRESS **2 GROVE ISLE DR., #1010**
 CITY - ST - ZIP **MIAMI, FL 33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

15 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

18 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(a), 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:

Elliott Messing **ELLIOTT MESSING**

6/8/95 305-374-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in 14mm)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 664689

(7)

1. Corporation Name

JORGE SALAZAR, M.D. P.A.

Principal Place of Business

8900 CORAL WAY #209
MIAMI FL 33165

Mailing Address

8900 CORAL WAY #209
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1980

3a. Date of Last Report
06/15/1994

4. FEI Number
59-2014933

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

2. Principal Place of Business

21 901 HARDEE ROAD

2a. Mailing Address

26 901 HARDEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CORAL GABLES FL

27 City & State

28 CORAL GABLES FL

24 Zip

25 33146

Country

26 UBA

29 Zip

30 33146

Country

31 USA

9. Name and Address of Current Registered Agent

SALAZAR, MARIA TERESA
8900 CORAL WAY, SUITE 209
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

901 HARDEE ROAD

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when negotiating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SALAZAR, JORGE
STREET ADDRESS 8900 CORAL WAY SUITE 209
CITY ST ZIP MIAMI FL

TITLE VP
NAME SALAZAR, JUAN
STREET ADDRESS 8900 CORAL WAY, SUITE 209
CITY ST ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 901 HARDEE ROAD
14 CITY ST ZIP CORAL GABLES FL 33146

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 901 HARDEE ROAD
24 CITY ST ZIP CORAL GABLES FL 33146

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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)(b), 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: JORGE SALAZAR MD

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

6-8-95

305-667-7510