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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33154-1502  
US

10000 W BAY HARBOR DR

3. Date Incorporated or Qualified  
03/21/1980

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1991193

Applied For  
Not Applicable

21 APT 423

26 10000 W. BAY HARBOR DR

22 Dade County

27 423

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 BAY HARBOR FLA

28 BAY HARBOR FLA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33154

29 33154

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of officer, director, or 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  
NAME GOTTFRIED, HAROLD  
STREET ADDRESS 1000 W. BAY HARBOR DR. APT. 423  
CITY - ST - ZIP BAY HARBOR ISLAND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE S  
NAME GOTTFRIED, BARBARA  
STREET ADDRESS 1000 W BAY HARBOR DR. APT. 423  
CITY - ST - ZIP BAY HARBOR ISLAND FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

SIGNATURE: *Harold Gottfried* HAROLD GOTTFRIED 1/9/97 956 506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)