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**FILED**  
**Feb 12, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-12-1999 90021 012 \*\*\*\*\*61.25

**DOCUMENT # 717783**

1. Corporation Name

**BAYSHORE TERRACE CONDOMINIUM, INC.**

Principal Place of Business

1455 WEST AVENUE  
 MIAMI BEACH FL 33139

Mailing Address

1455 WEST AVENUE  
 MIAMI BEACH FL 33139



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/23/1969

4. FEI Number

59-1608402

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

C/O SPM GROUP, INC.  
 2151 LEJEUNE RD #305  
 CORAL GABLES FL 33134

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 EDUARDO ROTUNDO / MANAGER  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME CRITTENDEN, JOHN  
 STREET ADDRESS 1455 WEST AVE #1002  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D  DELETE  
 NAME SANTANGELO, PETER  
 STREET ADDRESS 1455 WEST AVE, #1003  
 CITY-ST-ZIP MIAMI BCH FL

TITLE TD  DELETE  
 NAME MASO, GRACIELA  
 STREET ADDRESS 1455 WEST AVE 201  
 CITY-ST-ZIP MIAMI BEACH FL

TITLE SD  DELETE  
 NAME ANDERSON, ISABEL  
 STREET ADDRESS 1455 WEST AVE 203  
 CITY-ST-ZIP MIAMI BEACH FL

TITLE VD  DELETE  
 NAME SARDI, JUAN  
 STREET ADDRESS 1455 WEST AVE #901  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: J. Santangelo **J. SANTANGELO, PRES.** 1/14/99 (305)4446757  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)