

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

00 JAN -3 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717783

1. Corporation Name
BAYSHORE TERRACE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1455 West Ave Miami, FL 33139
1455 West Ave Miami, FL 33139

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26 2500 NW 97th Ave		12/23/1969	
City & State		27 SECOND FLOOR		4. FEI Number	
Zip		28 Miami		59-1608402	
Country		29 FL 33142		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
C/O SPM Group, Inc.
2151 De June Rd # 305
Coral Gables, FL 33134

10. Name and Address of New Registered Agent	
81 Name	SPM GROUP, INC.
82 Street Address (P.O. Box Number is Not Acceptable)	2500 NW 97th Ave
83	SECOND FLOOR
84 City	MIAMI
85 Zip Code	FL 33142

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: *[Signature]* EDUARDO RETUERO MANAGER 12/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD CRITTENDEN, JOHN <input checked="" type="checkbox"/> DELETE
NAME	1455 West Ave #1002
STREET ADDRESS	Miami Beach, FL 33139
CITY-ST-ZIP	
TITLE	D SANTANGELO, PETER <input type="checkbox"/> DELETE
NAME	1455 West Ave #1003
STREET ADDRESS	Miami Beach, FL 33139
CITY-ST-ZIP	
TITLE	TD THOMAS, GRACIELA <input checked="" type="checkbox"/> DELETE
NAME	1455 West Ave #201
STREET ADDRESS	Miami Beach, FL 33139
CITY-ST-ZIP	
TITLE	3D ANDERSON, ISABEL <input checked="" type="checkbox"/> DELETE
NAME	1455 West Ave #203
STREET ADDRESS	Miami Beach, FL 33139
CITY-ST-ZIP	
TITLE	VD SARDI, JUAN <input type="checkbox"/> DELETE
NAME	1455 West Ave #901
STREET ADDRESS	Miami Beach, FL 33139
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD SWODGRASS, DANIEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1455 West Ave #604
1.3 STREET ADDRESS	Miami Beach, FL 33139
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD ZUQUIN, SERGIO <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1455 West Ave #204
2.3 STREET ADDRESS	Miami Beach, FL 33139
2.4 CITY-ST-ZIP	
3.1 TITLE	3D PEREZ, NORMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1455 West Ave #501
3.3 STREET ADDRESS	Miami Beach, FL 33139
3.4 CITY-ST-ZIP	
4.1 TITLE	TD SALAZAR, MARIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1455 West Ave #703
4.3 STREET ADDRESS	Miami Beach, FL 33139
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800003099318--4
5.3 STREET ADDRESS	-01/14/00--01079--012
5.4 CITY-ST-ZIP	*****61.25 *****61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 lines empowered.

SIGNATURE: *[Signature]* Daniel B. Swodgrass (President) 12/21/99 (305) 444 675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #