

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717860 (1)
 Corporation Name
BAYSHORE PLACE CONDOMINIUM, INC.



Principal Place of Business 1420 S. BAYSHORE DRIVE - MIAMI FL 33131		Mailing Address 1420 S. BAYSHORE DRIVE - MIAMI FL 33131		3. Date Incorporated or Qualified 01/12/1970	
		4. FEI Number 59-1475007		Applied For Not Applicable	
2. Principal Place of Business 21 1420 BRICKELL BAY DR Suite, Apt. #, etc.		2a. Mailing Address 26 1420 BRICKELL BAY DR Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State MIAMI, FL		27 City & State MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 33131		28 Zip 33131		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country USA		29 Country USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZAMORA, NELLY 1420 SOUTH BAYSHORE DRIVE - MIAMI FL 33131		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable) 1420 BRICKELL BAY DR	
		83	
		84 City MIAMI FL 85 Zip Code 33131	

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, typed or printed name of 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 NAME STREET ADDRESS CITY-ST-ZIP	VPS PEREZ-CISNEROS, TERESA 1420 S BAY SHORE DR MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SEC/DIRECTOR PEREZ-CISNEROS, PABLO 1420 BRICKELL BAY DR. MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, RAMON 1420 S BAYSHORE DR MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT FLORES, RAMON 1420 BRICKELL BAY DR. MIAMI, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, WALTER 1420 S BAYSHORE DR MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PRESIDENT LAMBERT, WALTER 1420 BRICKELL BAY DR MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, LORAN JR. 1420 S BAYSHORE DR MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNONE, TERESA 1420 S BAYSHORE DR MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR MIGNONE, TERESA 1420 BRICKELL BAY DR MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, ROBERTO 1420 S BAYSHORE DRIVE MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR/TREAS SUAREZ, ROBERTO 1420 BRICKELL BAY DR. MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  3/17/98 305 373 5987

CR2E037 (10/97)