FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 12:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N18693 (4)

THE BAYSIDE MERCHANTS ASSOCIATION, INC.

Principal Place of Business:
% BAYSIDE CENTER MANAGEMENT OFFICE
R-106
MIAMI FL 33132
US

Mailing Address:
% BAYSIDE CENTER MANAGEMENT OFFICE
R-106
MIAMI FL 33132
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1987

3a. Date of Last Report: 02/03/1994

4. FEI Number: 59-2852253 [ ] 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required

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

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TERCILLA, RAUL D.
BAYSIDE CENTER, MANAGEMENT OFFICE
401 BISCAYNE BLVD., SUITE R-106
MIAMI FL 33132

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	[X] Change [ ] Addition
NAME	TAYLOR, CAROLE ANN	NAME	Buglino, Phil
STREET ADDRESS	401 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	[X] Change [ ] Addition
NAME	BUGLINO, PHIL	NAME	Woodall, Hardy
STREET ADDRESS	401 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	TERCILLA, RAUL D.	NAME	
STREET ADDRESS	401 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	T	TITLE	[X] Change [ ] Addition
NAME	CALLEJA, EMILIO	NAME	Hakim, Joseph
STREET ADDRESS	401 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(n), 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: RAUL D. TERCILLA 5/1/95 (305) 577-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041561