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FILED

**Jan 31 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N18693 (4)

1. Corporation Name

THE BAYSIDE MERCHANTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**% BAYSIDE CENTER MANAGEMENT OFFICE
R-106
MIAMI FL 33132
US**

**% BAYSIDE CENTER MANAGEMENT OFFICE
R-106
MIAMI FL 33132
US**

3. Date Incorporated or Qualified
01/12/1987

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **C/O BAYSIDE MARKETPLACE**

26 **C/O BAYSIDE MARKETPLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **R-106, 401 BISCAYNE BLVD.**

27 **R-106, 401 BISCAYNE BLVD.**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Country

Zip

Country

24 **33132**

25 **USA**

29 **33132**

30 **USA**

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**

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

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

81 Name **TERCILLA, RAUL D.**
82 Street Address (P.O. Box Number is Not Acceptable)
BAYSIDE MARKETPLACE
83 **401 BISCAYNE BLVD., SUITE R-106**
84 City **MIAMI** **FL** 85 Zip Code **33132**

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DELETE
NAME **PD**
STREET ADDRESS **BUGLINO, PHIL**
CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI FL**

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

TITLE DELETE
NAME **VP**
STREET ADDRESS **WOODALL, HARDY**
CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME **VICE PRESIDENT**
2.3 STREET ADDRESS **CALLEJA, EMILIO**
2.4 CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI, FL 33132**

TITLE DELETE
NAME **SD**
STREET ADDRESS **TERCILLA, RAUL D.**
CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI FL**

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

TITLE DELETE
NAME **T**
STREET ADDRESS **HAKIM, JOSEPH**
CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME **TREASURER**
4.3 STREET ADDRESS **WOODALL, HARDY**
4.4 CITY - ST - ZIP **401 BISCAYNE BLVD.
MIAMI, FL 33132**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Phil Buglino** 1/20/97 577-3344

CR2E037 (9/96)