FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021580 (4)

1. Corporation Name
BAY VIEW POINT, INC.

Principal Place of Business	Mailing Address
1031 N. MIAMI BEACH BLVD. % ROSENTHAL, ROSENTHAL & RASCO N. MIAMI BEACH FL 33162	18409 W DIXIE HWY N. MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 18409 W. DIXIE HWY
22: Suite, Apt. #, etc.
23: City & State: N. MIAMI BCH FL
24: Zip: 33160
25: Country: DADE

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0398012 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
1031 N. MIAMI BEACH BLVD.
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: SHLOMO ATTAS
82 Street Address (P.O. Box Number is Not Acceptable): 18409 W. DIXIE HWY
83:
84 City: N. MIAMI BCH FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Pres. SHLOMO ATTAS 4/11/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SHLOMO, ATTAS	1.2 NAME	
STREET ADDRESS	18409 W DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DANIEL	2.2 NAME	
STREET ADDRESS	2148 N.E. 162ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOUGANIM, DAVID	3.2 NAME	
STREET ADDRESS	2148 N.E. 162ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres SHLOMO ATTAS 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone

305-937-2180

0173214 CP