

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000034629 (4)**

1. Corporation Name

**THE BAYLISS SOUTH BEACH, INC.**

Principal Place of Business

**504 14TH STREET  
STE. 14  
MIAMI BEACH FL 33139**

Mailing Address

**504 14TH STREET  
STE. 14  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**05/11/1993**

3a. Date of Last Report  
**08/11/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

State, Apt. # etc.

State, Apt. # etc.

**22**

**27**

City & State

City & State

**23**

**28**

City

City

**24**

**25**

**29**

**30**

4. FEI Number

**65-0409596**

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 filing this report under Chapter 190, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHYNOT, WADE  
504 14TH STREET  
STE. 14  
MIAMI BEACH FL 33139**

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 607.04(2) 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 607.04(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent must be signed and dated)

(Signature of Registered Agent or Designated Agent must be signed and dated)

(Date)

12. OFFICERS AND DIRECTORS

12a. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

**PTD  
WHYNOT, WADE  
504 14TH STREET STE. 14  
MIAMI BEACH FL 33139**

12b. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

**VSD  
PRIETO, GABRIEL  
504 14TH STREET STE. 14  
MIAMI BEACH FL 33139**

12c. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

12d. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

12e. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

12f. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

12g. Title

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13a. Title

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

☐ Change ☐ Addition

13e. Title

13f. NAME

13g. STREET ADDRESS

13h. CITY, ST, ZIP

☒ Change ☐ Addition

**GABRIEL PRIETO IRREVOCABLE TRUST  
504 14TH STREET, STE. 14  
MIAMI BEACH, FL 33139**

13i. Title

13j. NAME

13k. STREET ADDRESS

13l. CITY, ST, ZIP

☐ Change ☐ Addition

13m. Title

13n. NAME

13o. STREET ADDRESS

13p. CITY, ST, ZIP

☐ Change ☐ Addition

13q. Title

13r. NAME

13s. STREET ADDRESS

13t. CITY, ST, ZIP

☐ Change ☐ Addition

13u. Title

13v. NAME

13w. STREET ADDRESS

13x. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows true and correct equality for the exemptions stated in Sections 119.04(4)(b), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the secretary or another person empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 of this report and in the attached with my address.

**SIGNATURE:**

*WADE WHYNOT*

**WADE WHYNOT  
PRESIDENT**

**4/29/95**

**305-534-0010**