

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

CORPORATION ANNUAL REPORT 1995



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

05 MAY - 1 11 9: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001920 (5)**
1. Corporation Name:
BAYSHORE ENTERTAINMENT INC.

Principal Place of Business Mailing Address
8400 NE BAYSHORE DRIVE MIAMI FL 33138 **8400 NE BAYSHORE DRIVE MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/03/1994

4. FEI Number Applied For
65-0460705 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. Does corporation file liability for intangible tax under S. 190.012 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

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24 25 29 30

9. Name and Address of Current Registered Agent

**PROIA, MICHAEL
8400 NE BAYSHORE DRIVE
MIAMI FL 33138**

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 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name of Agent) _____ (Name of Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROIA, MICHAEL
STREET ADDRESS	8400 NE BAYSHORE DRIVE
CITY ST ZIP	MIAMI FL 33138
TITLE	VD
NAME	PROIA, DORELICE
STREET ADDRESS	8400 NE BAYSHORE DRIVE
CITY ST ZIP	MIAMI FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAM E	
13 STREET ADDRESS		
14 CITY ST ZIP		
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	SAM E	
17 STREET ADDRESS		
18 CITY ST ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY ST ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 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 130.07(3)(b), 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 appointed 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: *Michael Proia* 05-01-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR