FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041006 (5)

SOUTH BAYSHORE MANAGEMENT CORP.

Principal Place of Business	Mailing Address	
SQ S. BAYSHORE DRIVE DOONUT GROVE FL 33133	5801 S.W. 74TH STREET Suite 400 Miami Fl 33143-5164	

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 12 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

5. Certificate of Status Desired

06/01/1994

4. FEI Number 65-0494564 3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

03/20/1996

City & State	Э	City & State	•			6. Election Campaign Financing \$5.00 May	Be		
23		[28]				Trust Fund Contribution	38		
Zip	Country	Zip	<u> </u>	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24		25 29 30				Florida Statutes Yes X No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
	Z, MANUEL			81	Name				
2665 SOUTH BAYSHORE DRIVE SUITE 1100 MIAMI FL 33133			82	82 Street Address (P.O. Box Number is Not Acceptable) 83					
WIN	WI FL 33 133			83			}		
				84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Flo	rida Statutes	the above	-named c	orporation submits this statement for the purpose of changing its regi	stered		
office or r	egistered agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Such cha	ango was auth	norized by	the corpo	ration's board of directors. I hereby accept the appointment as regis	lered		
SIGNATURE									
12,	Signature, typed or printed name of registered agen OFFICERS AND		(NOTE: R	ogistered Ape	ni signalure ru	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 6		
TITLE	D		DELETE	1.1 TITLE	T		Addition		
NAME	KNEAPLER, STEVE			1.2 NAME]		[]		
STREET ADDRESS	2550 S. BAYSHORE DRIVE			1.9 STREET	ADDRESS		[8		
CITY-ST-ZIP	COCONUT GROVE FL 33133			1.4 C(1) Y - S'	1 - 7(P		15		
TITLE	VSD		DELETE	2.1 TITLE		Change	Addition C		
NAME	DIAZ, MANUEL A	_		2.2 NAME			ļ		
STREET ADDRESS	2550 SOUTH BAYSHORE DRIV			2.3 STREET	ADDHESS				
CITY-ST-ZIP	MIAMI FL 33133			2 4 CITY - S	ST - ZIP				
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NAME STREET ADDRESS		•		4. 2 NAME 4.3 STREET	AMORECC				
CITY-ST-ZIP				4.4 CITY-S	1		1		
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NAME				5.2 NAME	}				
STREET ADDRESS				5,3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S			}		
TITLE			DELETE	6.1 THUE		Change	Addition		
NAME .				6.2 NAME	ľ)		
STREET ADDRESS				6.3 STREET	ADDRESS		Į		
CITY-ST-ZIP				6.4 DITY-S					
14. I do herei	by certify that the information supplied in indicated on this annual report or su	with this filing does	s not qualify to	or the exe	mption sta	led in Section 119.07(3)(i), Florida Statules. I furthor certify that the hat my signature shall have the same legal effect as if made under oa	alh: that		
l am an o	flicer or director of the corneration or I	no receiver or trust	an amnoward	ad to evac	ulo this ro	part as required by Charter 607. Florida Statutes: and that my name			

WHManuel A. Diaz 4/28/97