

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000093272 (0)

1. Corporation Name

BAL HARBOR ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 520892  
MIAMI FL 33152-0892

Mailing Address

P.O. BOX 520892  
MIAMI FL 33152-0892



3. Date Incorporated or Qualified  
12/21/1994

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 P.O. BOX 527201

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33152

Country

25

2a. Mailing Address

26 P.O. BOX 527201

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33152

Country

30

4. FEI Number

65-0551161

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

HKES & F REGISTERED AGENT CORP.  
2601 S. BAYSHORE DRIVE  
SUITE 600  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

BIJAOU CLAUDE

82 Street Address (P.O. Box Number is Not Acceptable)

3000 ISLAND BLVD #2405

83

84

City

N. MIAMI BEACH

FL

85 Zip Code

33160

11. Pursuant to the provisions of Sections 607.0702 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 typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/28/97

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME BIJAOU, CLAUDE  
STREET ADDRESS 3000 ISLAND BLVD. #2405  
CITY-ST-ZIP NORTH MIAMI BEACH FL  
☐ DELETE

TITLE D  
NAME FURIA, ARTHUR J  
STREET ADDRESS 2601 S. BAYSHORE DR. #600  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE DSVP  
NAME LIOT, ANNICK  
STREET ADDRESS 3000 ISLAND BLVD-#2405  
CITY-ST-ZIP N. MIAMI BEACH FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/97 (305) 864-3060

Date

Daytime Phone #

0007475

CR2E034 (9/96)