


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051070 (6)

1. Corporation Name

BAYVIEW THERAPEUTICS OF MIAMI INC.



Principal Place of Business

Mailing Address

1090 NE 79TH ST
MIAMI FL 33138

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MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1090 NE 79TH ST #100 33138		26 1090 NE 79TH ST #100 MIAMI, FL 33138		06/11/1996		06/11/1996	
22 Suite, Apt. #, etc. 100		27 Suite, Apt. #, etc. 100		4. FEI Number		Applied For	
23 City & State Miami, FL		28 City & State Miami, FL		65-0686752		Not Applicable	
24 Zip 33138		29 Zip 33138		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes		No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRIOS, VICTORIA
6700 COLLINS
SUITE 1111
MIAMI BEACH FL 33139

81 Name	Barrios, Victoria
82 Street Address (P.O. Box Number is Not Acceptable)	6701 Collins Ave. Suite 1111
83	
84 City	Miami Beach
85 Zip Code	FL 33139

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, 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	DP	1.1 TITLE	DP
NAME	BARRIOS, VICTORIA	1.2 NAME	Barrios, Victoria
STREET ADDRESS	6700 COLLINS AVE SUITE 1111	1.3 STREET ADDRESS	6701 Collins Ave suite 1111
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	DST	2.1 TITLE	
NAME	GOTLINSKY, BARBARA	2.2 NAME	
STREET ADDRESS	1812 MICHIGAN AVE APT 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DST
NAME		3.2 NAME	Gotlinsky, David
STREET ADDRESS		3.3 STREET ADDRESS	1815 NE 176th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 David M. Gotlinsky 9/16/97 205-759-3897

CR2E034 (4/97)