

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

FILED  
May 01 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 # P96000056810 (0)

1. Corporation Name  
BAYVIEW FINANCIAL CAPITAL CORPORATION



Principal Place of Business  
2665 SOUTH BAYSHORE DRIVE #301  
MIAMI FL 33133

Mailing Address  
2665 SOUTH BAYSHORE DRIVE #301  
MIAMI FL 33133-5402

3. Date Incorporated or Qualified  
07/05/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0685487	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

MORALES, JIMMY L ESQ  
COLL DAVIDSON CARTER SMITH, ET. AL.  
201 SOUTH BISCAYNE BOULEVARD #3200  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
SORENSEN, MICHAEL P.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2665 S BAYSHORE DR  
83 SUITE 301  
84 City  
MIAMI  
85 Zip Code  
FL 33133

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 *Michael P. Sorenson* Michael P. Sorenson 24 April 97  
(NOTE: Registered Agent's signature required when re-instating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ERTEL, DAVID			1.2 NAME			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #301			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HECTOR, NANCY			2.2 NAME			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #301			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 *Nancy Hector* NANCY HECTOR

CR2E034 (9/96)