

FILED  
Feb 06 1998 8:00am  
Secretary of State

**DOCUMENT # P97000019325 (4)**  
1. Corporation Name  
**BAL SURFSIDE INVESTMENTS, INC.**

Principal Place of Business	Mailing Address
317 - 71ST STREET MIAMI BEACH FL 33141	317 - 71ST STREET MIAMI BEACH FL 33141

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	<b>9560 Collins Avenue</b> Suite, Apt. #, etc.	<b>26</b>	<b>9560 Collins Avenue</b> Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	<b>Surfside, FL</b>	<b>28</b>	<b>Surfside, FL</b>
Zip Country		Zip Country	
<b>24</b>	<b>33154</b>	<b>25</b>	<b>Dade</b>
		<b>29</b>	<b>33154</b>
		<b>30</b>	<b>Dade</b>

9. Name and Address of Current Registered Agent		81	Name
PIOTRKOWSKI, JOEL S		82	Street Address
317 - 71ST STREET		83	
MIAMI BEACH FL 33141		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors or other governing body. 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)

12. OFFICERS AND DIRECTORS			13.	
TITLE	D PIOTRKOWSKI, JOEL S 317 - 71ST STREET MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D B 9 B
NAME			1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified <b>02/24/1997</b>		
4. FEI Number <b>65-0767184</b>	<input checked="" type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10. Name and Address of New Registered Agent</b>		
ss (P.O. Box Number is Not Acceptable)		
FL		85 Zip Code

14. I 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.

CR2E034 (10/97)