

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035494 (8)

1. Corporation Name:
7820 NE BAYSHORE COURT, INC.

Principal Place of Business 16700 SW 77TH AVENUE MIAMI FL 33157	Mailing Address 16700 SW 77TH AVENUE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7820 NE Bayshore Ct Inc Suite, Apt. #, etc. 22 City & State 23 N.A. FL Zip 24 33138 Country 25 FL		2a. Mailing Address 26 16700 SW 77th Av Suite, Apt. #, etc. 27 City & State 28 N.A. FL Zip 29 33157 Country 30 N.A.		3. Date Incorporated or Qualified 04/21/1997 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	
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8. Name and Address of Current Registered Agent SIMONS, BARRY L ESQ. 2001 SOUTH BAYSHORE DRIVE SUITE 1775 COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0512 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PROSPER, JOCELYNE A	1.2 NAME	
STREET ADDRESS	16700 SW 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	PROSPER, JEAN-ROBERT	2.2 NAME	
STREET ADDRESS	16700 SW 77TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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] 4-25-98

CR2E034 (10/97)