# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:27

DOCUMENT # **S00724** **(2)**

1. Corporation Name

**CELEBRATIONS AT BAYSIDE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 401 BISCAYNE BLVD<br>S-110<br>MIAMI FL 33132 | 401 BISCAYNE BLVD<br>S-110<br>MIAMI FL 33132 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 09/19/1990 | 02/28/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number **65-0213131** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| MENDEZ, SERGIO L.<br>2151 LE JEUNE RD<br>SUITE 301<br>CORAL GABLES FL 33134 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BUGLINO, PHILIP | 12 NAME | |
| STREET ADDRESS | 401 BISCAYNE BLVD S-110 | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BUGLINO, DEBORAH | 22 NAME | |
| STREET ADDRESS | 401 BISCAYNE BLVD S-110 | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BUGLINO, JOHN P. | 32 NAME | |
| STREET ADDRESS | 401 BISCAYNE BLVD S-110 | 33 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BUGLINO, MARY ANN | 42 NAME | |
| STREET ADDRESS | 401 BISCAYNE BLVD S-110 | 43 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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 is added in an attachment with an address.

**SIGNATURE:** Philip J. Buglino 1/7/95 1 305 539 1515
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone #