

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20386

1. Corporation Name
BAYSHORE GENERAL CORP.

Principal Place of Business
80 SOUTHWEST 8TH STREET, SUITE 2590
WORLD TRADE CENTER
MIAMI FL 33130

Mailing Address
80 SOUTHWEST 8TH STREET, SUITE 2590
WORLD TRADE CENTER
MIAMI FL 33130

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90129 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1990

4. FEI Number
65-0262632

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 180 SOLANO PRADO
Suite, Apt. #, etc.

2a. Mailing Address
26 180 SOLANO PRADO
Suite, Apt. #, etc.

22 City & State
23 CORAL GABLES FL

27 City & State
28 CORAL GABLES FL

24 Zip 33156 25 Dade
29 Zip 33156 30 Dade

9. Name and Address of Current Registered Agent

MORTON, RICHARD
KATZ BARRON SQUITERO & FAUST
2699 S BAYSHORE DR, #700-A
MIAMI 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, ROBERT	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BERNE, ROBERT	
STREET ADDRESS	ONE WEST 72ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MORTON, RICHARD	
STREET ADDRESS	80 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	180 SOLANO PRADO
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99
Date

Daytime Phone #

CR2F034 (4/1/98)