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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 12 1997 8:00am

Secretary of State

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DOCUMENT # S34291

(2)

BAYSHORE RESTAURANT MANAGEMENT CORP.

Principal Place of Business Mailing Address									TEOLI SIGN DISII		
2550 SOUTH BAYSHORE DRIVE SUITE 203 MIAMI FL 33133 US				5901 S.W. 74 STREET Suite 408 Miami Fl 33143-5164							
				US			3. Date Incorporated or Qualified 02/19/1991 3a. Date of Last Report 03/20/1996				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0249154			pplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75	Additional equired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Zip Country			Zip Country			,	Trust Fund Contribution			
24	25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent							r-:	10. Name and Address of New Reg	istered Age	nt	
DIAZ, MANUEL A.						81	Name				
2665 \$ BAYSHORE DR Suite 1100						82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33133									TR. 77 T		
·						84				- '	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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											is registered registered
SIGNATURE											
	Signature, typed	or printed name of registered				d Age	int signature requir	od when reinstaling)	DATE.		
12.	DVS	OFFICERS	AND DIRECT	DELETE	13.			ADDITIONS/CHANGES TO OFFIC			
NAME	DIAZ, MA	NUFL A.		E DOLLETE	1.1 10				نــا	Change	Addition
	ARRA O DAVOLLADE AD			1.21							
STREET ADDRESS	MIAMI FL		i				ADDRESS				
CITY-ST-ZIP TITLE	DP			DELETE	1.4 CI 2.1 TI		T-ZIP		····	Change	Addition
NAME		r, stephen J.		C) Ditter	2.1 N			·	ш	Спапре	L_J AUGRION
STREET ADDRESS	ARRA BOLITHI DAVOLIADE DONA						ADDRESS	.			
CITY-ST-ZIP	MANN CI										
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NAME					3.2 N/				L	Simile	radium
STREET ADORESS							ADDRESS				
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NAME					4 2 N		1			e nange	
STREET ADDRESS							ADDRESS				
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TITLE				☐ DELETE	5.1 TF					Change	Addition
NAME					5.2 NA	ME			_	~	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CI						
TITLE				DELETE	6.1 70					Change	Addition
NAME					6.2 NA	ME		·		-	
STREET ADDRESS					6.3 S1	REET	ADDRESS				

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 thehanged, or on an attachment with an address.