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

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:52

DOCUMENT # V07829 (7)

1. Corporation Name
118 BAYSHORE CORP.

Principal Place of Business	Mailing Address
21300 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179	21300 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business — 21: 1986 NE 149th St
2a. Mailing Address — 26: 1986 NE 149th St.
4. FEI Number: 65-0497533 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: Miami, FL
City & State — 28: Miami, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: 33181
Country — 25: USA
Zip — 29: 33181
Country — 30: USA
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTHE, FREDERIC M ESQ.
RUTHERFORD, MINERLEY & MULHALL, P.A.
2101 CORPORATE BLVD., N.W., SUITE 400
BOCA RATON FL 33431

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BOULANGER, LAURIS	12 NAME	Boulanger, Lauris	
STREET ADDRESS	21300 SAN SIMEON WAY	13 STREET ADDRESS	1986 N.E. 149 St	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	14 CITY-ST-ZIP	Miami, Fl 33181	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	TARDIF, GASTON	22 NAME	Tardif, Gaston	
STREET ADDRESS	21300 SAN SIMEON WAY	23 STREET ADDRESS	1986 N.E. 149 St	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	24 CITY-ST-ZIP	Miami, Fl 33181	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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 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: _____ 4-28-95 305-940-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0158776 CF