

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0035127

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 21 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52509 (9)

1. Corporation Name

REESE BAYSHORE CORPORATION

Principal Place of Business

Mailing Address

~~5200 BLUE LAGOON DRIVE~~

~~5200 BLUE LAGOON DRIVE~~

~~SUITE 426~~

~~SUITE 426~~

~~MIAMI FL 33126~~

~~MIAMI FL 33126~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 11900 Biscayne Blvd.

26 11900 Biscayne Blvd

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

801

801

23 City & State

28 City & State

North Miami, FL

North Miami, FL

24 Zip

29 Zip

33181

33181

25 Country

30 Country

USA

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/22/1992

4. FEI Number

65-0354792

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Blvd

Suite # 801

83 City

North Miami

FL

85 Zip Code

33181

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 *Karen H. Llera*

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

(NOTE: Registered Agent signature required when reinstating)

7-16-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME SPATZ, CARL A.

STREET ADDRESS 3400 S.W. 8RD AVENUE

CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME AMBROSIO, MICHAEL A

STREET ADDRESS 5200 BLUE LAGOON DRIVE

CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME ST

NAME Llera, Karen

STREET ADDRESS 5200 BLUE LAGOON DRIVE

CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

800002596668-- 2

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****558.75 ****558.75

☒ Change ☐ Addition

11900 Biscayne Blvd, #801

North Miami, FL 33181

☒ Change ☐ Addition

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North Miami, FL 33181

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Karen H. Llera

Karen H. Llera

7-16-98

305-899-8184

CR2E034 (5/98)