

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 110733 (3)

1. Corporation Name
BISCAYNE KENNEL CLUB INC

Principal Place of Business
**320 N.W. 115 ST.
MIAMI SHORES FL 33168**

Mailing Address
**320 N.W. 115 ST.
MIAMI SHORES FL 33168**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**PADRON, OSCAR J.
320 NORTHWEST 115TH STREET
MIAMI SHORES FL 33168**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 117.07(2) and 677.11(1)(b), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 677.11(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	PD SPITZER, ELLEN W. 320 N.W. 115 ST. MIAMI SHORES FL	<input type="checkbox"/> OFFICER
12.2	VSD MCDONNELL, ELLEN W. 320 N.W. 115 ST. MIAMI SHORES FL	<input type="checkbox"/> DIRECTOR
12.3	VS WEST MARILYN A. 75 E. PARKWAY N. MEMPHIS TN	<input type="checkbox"/> DIRECTOR
12.4	AT PADRON, OSCAR J. 320 N.W. 115 ST. MIAMI SHORES FL	<input type="checkbox"/> DIRECTOR
12.5	D SPITZER, KARL A. 320 NW 115TH STREET MIAMI SHORES FL	<input type="checkbox"/> DIRECTOR
12.6	D KNIGHT, JOHN ROBERT 320 N.W. 115 ST. MIAMI SHORES FL	<input type="checkbox"/> DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2	2. NAME		
13.3	3. STREET ADDRESS		
13.4	4. CITY - STATE - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.5	5. TITLE		
13.6	6. NAME		
13.7	7. STREET ADDRESS		
13.8	8. CITY - STATE - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.9	9. TITLE		
13.10	10. NAME		
13.11	11. STREET ADDRESS		
13.12	12. CITY - STATE - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.13	13. TITLE		
13.14	14. NAME		
13.15	15. STREET ADDRESS		
13.16	16. CITY - STATE - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information applies to the Florida corporation, I am not qualified for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or statement of annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, but I am an officer or director of the corporation, or the officer or trustee empowered to execute this report as required by Chapter 677, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (30) 754-3484

CR2E034 (12/95)