

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 17 PH 2:36  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 494865 (9)**

1. Corporation Name  
**BISCAYNE BAY PILOTS, INC.**

Principal Place of Business      Mailing Address  
**2911 PORT BLVD  
MIAMI FL 33132**                      **2911 PORT BLVD  
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/12/1976**                                      **02/11/1994**

4. FEI Number                                      Applied For  
**59-1705662**                                      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution                      Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21    26

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

22    27

City & State    City & State

23    28

Zip    Zip    Country

24    25    29    30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

81 Name  
**FERNANDEZ, JOHN R.**

82 Street Address (P.O. Box Number is not Acceptable)  
~~46302 SW 67 CT~~  
**2911 PORT BLVD.**

83

84 City      85 Zip Code  
**MIAMI**                                      **FL**      **33132**

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 reappointing)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, JOHN R.</b>	1. 2 NAME	
STREET ADDRESS	<b>12440 OLD CUTLER RD.</b>	1. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33156</b>	1. 4 CITY - ST - ZIP	
TITLE	<b>V</b>	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRARUP, HELGE</b>	2. 2 NAME	
STREET ADDRESS	<b>1511 W. 27TH ST.</b>	2. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BCH. FL</b>	2. 4 CITY - ST - ZIP	
TITLE	<b>V</b>	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAPP, JOHN T.</b>	3. 2 NAME	
STREET ADDRESS	<b>746 NE 95 ST.</b>	3. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI SHORES FL</b>	3. 4 CITY - ST - ZIP	
TITLE	<b>ST</b>	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEECH, DAVID A.</b>	4. 2 NAME	
STREET ADDRESS	<b>10504 SW 118 ST.</b>	4. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4. 4 CITY - ST - ZIP	
TITLE	<b>V</b>	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREESE, WILLIAM M.</b>	5. 2 NAME	
STREET ADDRESS	<b>1012 MARIPOSA AVE</b>	5. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES</b>	5. 4 CITY - ST - ZIP	
TITLE	<b>ST</b>	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNELL, ROBERT K.</b>	6. 2 NAME	
STREET ADDRESS	<b>5411 ALTON ROAD</b>	6. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	6. 4 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 110.07(3)(k), 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: *John R. Fernandez*      4/7/95      (305) 374-2791  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #  
**JOHN R. FERNANDEZ**