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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721705 (2)
1. Corporation Name
BISCAYA III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH FL 33180
Mailing Address: 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH FL 33180-1611

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 09/15/1971
3a. Date of Last Report: 02/16/1996
4. FEI Number: 59-2731419 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BESSIE J LAMBIDIS
20450 W COUNTRY CLUB DRIVE
N MIAMI BEACH FL 33180

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 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Bessie J. Lambidis Bessie J. Lambidis 1/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDFIELD, BEN	
STREET ADDRESS	20500 W. COUNTRY CLUB	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADIN, EVA	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GADOL, PAMELA	
STREET ADDRESS	20500 W:COUNTRY CLUB DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BASKIN, EVELYN	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KALUS, ELLIOT	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHKOLNIK, BORIS	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Eva Radin Eva Radin 1/24/97 (305) 932-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033394

CP2E037 (9/96)