SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 13 AM 10:16

DOCUMENT # **737455** **(6)**

1. Corporation Name

KEY BISCAYNE VI, INC.

Principal Place of Business	Mailing Address
% GRIFFIN-POFFENBARGER REALTY 2050 CORAL WAY, STE. #305 MIAMI FL 33145	% GRIFFIN-POFFENBARGER REALTY 2050 CORAL WAY, STE. #305 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1976
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1820209 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRIFFIN-POFFENBARGER REALTY, INC.
2050 CORAL WAY, SUITE #305
MIAMI FL 33145

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. I am familiar with, and accept the obligations of, Section 617.0503, 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	T	11 TITLE	☐ Change ☐ Addition TREASURER
NAME	CORA, ELENA	12 NAME	SOCARRAZ, JOHN
STREET ADDRESS	251 GALEN DR. #210-E	13 STREET ADDRESS	201 GALEN DR. #111
CITY-ST-ZIP	KEY BISCAYNE FL 33149	14 CITY-ST-ZIP	KEY BISCAYNE, FLA 33149
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WILHITE, JANE	22 NAME	
STREET ADDRESS	251 GALEN DR., #211-E	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 0	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROS, LILIAN	32 NAME	
STREET ADDRESS	251 GALEN DR., #107-E	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☑ Change ☐ Addition VICE PRESIDENT D
NAME	BIRMINGHAM, NAN	42 NAME	COBO, JOSEPH
STREET ADDRESS	201 GALEN DR., #205-W	43 STREET ADDRESS	12 CASTLE HARBOR ISLE DR.
CITY-ST-ZIP	KEY BISCAYNE FL 33149	44 CITY-ST-ZIP	FT. LAUDERDALE, FLA
TITLE	PD	51 TITLE	☑ Change ☐ Addition PRESIDENT D
NAME	COBO, JOSEPH	52 NAME	CORA, ELENA
STREET ADDRESS	12 CASTLE HARBOR ISLE DR.	53 STREET ADDRESS	251 GALEN DR. # 210
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	KEY BISCAYNE, FLA. 33149
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elena Cora 361-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELENA CORA, PRESIDENT

0000300