FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 12/07/1976
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business
21: 201+251 GALEN DRIVE
22 Suite, Apt. #, etc.: 1
23 City & State: KEY BISCAYNE, FLA
24 Zip: 33149 25 Country: DADE

2a. Mailing Address
26: % GRIFFIN REALTY, INC
27 Suite, Apt. #, etc.: 2050 CORAL WAY #305
28 City & State: MIAMI, FLA.
29 Zip: 33145 30 Country: DADE

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

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

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: GRIFFIN REALTY, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2050 CORAL WAY #305
83
84 City: MIAMI FL 85 Zip Code: 33145

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: JAN R. GRIFFIN, President DATE: 3-15-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SOCARRAZ, JOHN		12 NAME		
STREET ADDRESS	201 GALEN DR 111		13 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	ROS, LILIAN		32 NAME	GOMEZ, PEDRO	
STREET ADDRESS	251 GALEN DR., #107-E		33 STREET ADDRESS	251 GALEN DR. # 109	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		34 CITY-ST-ZIP	KEY BISCAYNE, FLA 33149	
TITLE	VPD	☒ DELETE	41 TITLE	VPD	☐ Change ☒ Addition
NAME	COBO, JOSEPH		42 NAME	LOPEZ, JOSE	
STREET ADDRESS	12 CASTLE HARBOR ISLE DR		43 STREET ADDRESS	251 GALEN DR. # 307	
CITY-ST-ZIP	FT LAUDERDALE FL		44 CITY-ST-ZIP	KEY BISCAYNE, FLA 33149	
TITLE	PD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CORA, ELENA		52 NAME		
STREET ADDRESS	251 GALEN DR 210		53 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 ELENA CORA, President 3/15/96 (305) 361-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #