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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	K91049
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(2)

BISCAYNE PRODUCTIONS, INC.

Principal Place of Business Mailing Address 15151 N.E. 21ST AVENUE 15151 N.E. 21ST AVENUE NORTH MIAMI BEACH FL 33162-3003 NORTH MIAMI BEACH FL 33162-3003										
						3. Date incorpora		3a. Date of Las		
2. Principal Pla	ace of Business	ae T	Mailing Address			05/26/19	B9	05/01/	1995	
			28. Mailing Address 26 2029 TYLER ST			4. FEI Number			Applied For	
Suite, Apt.			Suite, Apt. #, etc.	, 71	-EIC 3/	65-0123	3185		Not Applicable	
22		27	cono, ript. II, etc.			5. Certificate of S	tatus Desired		75 Additional	
City & State			City & State			6. Election Camp	nion Financiae		ee Required	
23 HOLL	HOLLYWOOD EL		F-m		FL	Trust Fund Co		\$5.00 May Be		
Zip 3	Country		Ζιρ_	·	intry	8. This corporation		AC AC	ded to Fees	
24 330	20 25	29	33070	30	-	Florida Statute		TONo	rs 199.032,	
·	9. Name and Address of	of Current Regis	tered Agent			10. Name and Ad				
				•	81 Name					
MALKIN, WESLEY P. 15151 N.E. 21ST AVENUE N MIAMI BCH FL 33162						dress (P.O. Box Numbe ンと名 て为し	iss (P.O. Box Number is Not Acceptable) と名 てりLER 5T・			
					84 City	LL 12 W DOD		Fi 85	7ip Code 33020	
11. Pursuant to	o the provisions of Sections (ed agent, or both, in the State	607.0502 and 60	7.1508, Florida Statute	s, the abo						
familiar with	ed agent, or both, in the Stati h, and accept the obligations	s of, Section 607 (i change was authorize 0505, Florida Statutes.	ed by the c	corporation's boa	ard of directors. I hereby	accept the appoi	ntment as registe	red agent. I am	
SIGNATURE _	Signature, typed or printed name of regis	stered agent and title if a	nuicable Augus	L Dodebase	Agent signature requir					
12.	OFFIC	CERS AND DIREC			Agent signature requir		ANOES TO OFFIC	DATE		
12. TITLE		DERS AND DIREC		13.			ANGES TO OFFIC	DERS AND DIREC		
	PTD	DERS AND DIREC	TORS	13.	ILE		ANGES TO OFFIC			
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To believe verify 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 inclinated 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 appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

430/96 95

954 922 3747