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95 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/05/95--01006--005

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Maxham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073500 (9)

1. Corporation Name
BISCAYNE HOMES CORP.

Principal Place of Business Mailing Address

101 OCEAN LANE DR
UNIT 1014
KEY BISCAYNE FL 33149
US

1001 S BAYSHORE DR
SUITE 2706
MIAMI FL 33131
US

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 Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/22/1993 05/01/1994

4. FEI Number Applied For

65-0446037 Not Applicable

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

 \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

7. This corporation files liability for international tax under S. 1201(a)(2), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MARK E. FRIED, P.A.
1001 S BAYSHORE DR
SUITE 2706
MIAMI FL 33131

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 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 of current registered agent and their name and address) _____ (Signature of Registered Agent (signature required when feasible)) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSMANN, PETER	2. NAME	GRASSMANN, PETER
STREET ADDRESS	SCHRONFELD 12	3. STREET ADDRESS	SCHRONFELD 12
CITY, ST, ZIP	ERLANGER, GERMANY	4. CITY, ST, ZIP	ERLANGER, GERMANY
TITLE		21. TITLE	D/P/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	WIEDERKEHR, ALEX
STREET ADDRESS		23. STREET ADDRESS	FL-949) VADUZ
CITY, ST, ZIP		24. CITY, ST, ZIP	FURSTENTUM, LIECHTENSTEIN
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER GRASSMANN

3/17/95 01-49-9131-55331
Date (Date) (Date)