

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Markham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000073500 (9)**

1. Corporation Name
BISCAYNE HOMES CORP.



Principal Place of Business

101 OCEAN LANE DR
UNIT 1014
KEY BISCAYNE FL 33149
US

Mailing Address

1001 S BAYSHORE DR
SUITE 2706
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21	Subs., Apt., #, etc.	26	Subs., Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/22/1993

3a. Date of Last Report
05/01/1995

4. FID Number
65-0446037

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

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 607.012 and 607.014, 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 Sections 607.012 and 607.014, Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent

Signature of the New Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRASSMANN, PETER	
STREET ADDRESS	SCHRONFELD 12	
CITY, ST, ZIP	ERLANGER, GERMANY	
TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	WIEDERKEHR, ALEX	
STREET ADDRESS	FL-9490 VADUZ	
CITY, ST, ZIP	FURSTENTUM, LIECHTENSTEIN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this form is true and correct, 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 for the purpose of the law empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

41 102 311 64

CR2E034 (12/95)