

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052610 (9)

1. Corporation Name

BIARRITZ INVESTMENTS, INC.



Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131

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SUITE 1402
MIAMI FL 33131

3. Date Incorporated or Qualified
07/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
65-0597488

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZORRILLA, JUAN C
OLLE, MACAULAY & ZORRILLA, P.A.
201 S. BISCAYNE BLVD., SUITE 1402
MIAMI FL 33131

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, typed or printed name of registered agent and office, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

NAME

D
ZORRILLA, JUAN C

12 NAME

STREET ADDRESS

201 S. BISCAYNE BLVD., SUITE 1402

13 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33131

14 CITY - ST - ZIP

TITLE

☐ DELETE

21 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

☐ DELETE

31 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

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41 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

☐ DELETE

51 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

☐ DELETE

61 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

62 NAME

63 STREET ADDRESS

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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C. Zorrilla

7-31-96

(305) 358-9200

CR2E034 (3/96)