

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V01400** (3)

1. Corporation Name
BI-COASTAL PROPERTY MANAGEMENT INC.



Principal Place of Business: **430 CAMPANA AVE CORAL GABLES FL 33156**
Mailing Address: **430 CAMPANA AVE CORAL GABLES FL 33156**

2. Principal Place of Business: **5733 Riviera Drive**
21. State, Apt. #, etc.:
22. Cr. & State: **Coral Gables, FL**
23. Zip: **33146** 25. Country: **USA**
26. Mailing Address: **5733 Riviera Drive**
27. State, Apt. #, etc.:
28. City & State: **Coral Gables FL**
29. Zip: **33146** 30. Country: **USA**

3. Date Incorporated or Qualified: **12/19/1991**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **65-0305238** 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
**HERSKOWITZ, ANDREW L
430 CAMPANA AVE
CORAL GABLES FL 33158**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (F.O. Box Number is Not Acceptable): **5733 Riviera Drive**
83.
84. City: **Coral Gables** FL 85. Zip Code: **33146**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, I, the undersigned, do hereby certify that the information furnished herein is true and correct and that I am an officer or director of the corporation or the person or trustee or partner authorized 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]* DATE: **2/6/96**

12. OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> DELETE
2. TITLE	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	<input type="checkbox"/> DELETE
6. TITLE	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	<input type="checkbox"/> DELETE
10. TITLE	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. TITLE	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	<input type="checkbox"/> DELETE
18. TITLE	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	
19. STREET ADDRESS	
20. 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 included 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 person or trustee or partner authorized 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]* **ANDREW HERSKOWITZ** DATE: **2/4/96** 305-641-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)