

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V36825 (0)**

1. Corporation Name  
**BISCAYNE COAST INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**6072 NW 101ST ST.  
MEDLEY FL 33178  
US** **6072 NW 101ST  
MEDLEY FL 33178  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **07/18/1994**

4. FEI Number **65-0333090** 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 to intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **9100 NW 78th Ave** 26 **9100 NW 78 Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **HiALEAH GARDEN FL** 28 **HiALEAH GARDEN FL**  
24 **33016** 25 **FLA.** 29 **33016** 30 **FLA.**

9. Name and Address of Current Registered Agent  
**VIDAN, ORESTES  
8950 SW 82ND RD  
MIAMI FL 33173**

10. Name and Address of New Registered Agent  
81 Name **VIDAN ORESTES**  
82 Street Address (P.O. Box Number is Not Acceptable) **9100 NW 78 Ave**  
83 City **HiALEAH GARDEN** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **01/28/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<b>D</b>	<b>VIDAN, ORESTES</b>		
	<b>8950 SW 82ND RD.</b>		
	<b>MIAMI FL</b>		
<b>D</b>	<b>ABRAHAM RYDZ</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<b>9900 NW 78 AVE</b>		
	<b>HiALEAH GARDEN FL</b>		
<b>D</b>	<b>JOSE BATTLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<b>9900 NW 78 AVE.</b>		
	<b>HiALEAH GARDEN FL</b>		

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 Statute. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR