

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 AM 11:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 707017 (0)**  
1. Corporation Name  
**BISCAYNE LAKE GARDENS BUILDING 'A', CORP., INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/20/1984</b>                                                                                                         | 3a. Date of Last Report<br><b>04/27/1994</b>                                       |
| 4. FEI Number<br><b>59-1235863</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional<br/>Fee Required</b>                                          |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be<br/>Added to Fees</b>                                             |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                    | <b>\$68.75 Supplemental<br/>Fee Not Required</b>                                   |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                                |                     |                                                |         |
|------------------------------------------------|---------------------|------------------------------------------------|---------|
| Principal Place of Business                    |                     | Mailing Address                                |         |
| <b>2800 N.E. 203 STREET<br/>MIAMI FL 33180</b> |                     | <b>2800 N.E. 203 STREET<br/>MIAMI FL 33180</b> |         |
| 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      |

9. Name and Address of Current Registered Agent

**SMAGALA, JEAN  
2800 NE 203RD ST., #6  
MIAMI FL 33180**

10. Name and Address of New Registered Agent

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                 |
|----------------------------|----------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                      | VD                   | 1.1 TITLE                                             | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THIBODEAU, DOMINIQUE | 1.2 NAME                                              | FIELEK, STANLEY                                                                 |
| STREET ADDRESS             | 2800 NE 203RD ST     | 1.3 STREET ADDRESS                                    | 2800 NE 203 ST                                                                  |
| CITY - ST - ZIP            | MIAMI, FL 00000      | 1.4 CITY - ST - ZIP                                   | MIAMI FL 33180                                                                  |
| TITLE                      | VD                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | HILL, ROLAND         | 2.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 2800 NE 203RD STREET | 2.3 STREET ADDRESS                                    |                                                                                 |
| CITY - ST - ZIP            | MIAMI FL             | 2.4 CITY - ST - ZIP                                   |                                                                                 |
| TITLE                      | TD                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | SALANT, ETNA         | 3.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 2800 NE 203 ST.      | 3.3 STREET ADDRESS                                    |                                                                                 |
| CITY - ST - ZIP            | MIAMI FL             | 3.4 CITY - ST - ZIP                                   |                                                                                 |
| TITLE                      | D                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | LEVINE, MINNE        | 4.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 2800 NE 203 ST       | 4.3 STREET ADDRESS                                    |                                                                                 |
| CITY - ST - ZIP            | MIAMI FL             | 4.4 CITY - ST - ZIP                                   |                                                                                 |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                      | 5.2 NAME                                              |                                                                                 |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                                 |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |                                                                                 |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                      | 6.2 NAME                                              |                                                                                 |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                                                                                 |
| CITY - ST - ZIP            |                      | 6.4 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jean H. Smagala*

Jean Smagala

4-20-95 2059210642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #