

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PH 3: 20

DOCUMENT # 544507 (7)

1. Corporation Name
BISCAYNE NATIONAL CORP.

Principal Place of Business Mailing Address
**100 SE 2ND ST-21ST FL
MIAMI FL 33131** **100 SE 2ND ST-21ST FL
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1977** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 27 2222 Ponce De Leon Blvd		2b. Mailing Address 26 2222 Ponce De Leon Blvd.		4. FEI Number 59-1765454		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 4303		Suite, Apt. #, etc. 27 4303		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 CORAL GABLES, FL.		City & State 28 CORAL GABLES, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33134	25 Country DADE	29 Zip 33134	30 Country DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BAUMAN, LEROY 100 SE 2ND ST-21ST FL MIAMI, FL 33131				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable) 2222 Ponce De Leon Blvd.			
B3 4303				B4 City CORAL GABLES FL B5 Zip Code 33134			

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, last or printed name of registered agent and title of office

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	SHAPIRO, ARTHUR M.D.	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	2222 Ponce De Leon Blvd
STREET ADDRESS	100 SE-2ND ST-21ST FL	1.3 STREET ADDRESS	4303
CITY- ST- ZIP	MIAMI, FL 00000	1.4 CITY- ST- ZIP	CORAL GABLES, FL. 33134
TITLE SD	BAUMAN, LEROY	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	2222 Ponce De Leon Blvd
STREET ADDRESS	100 SE-2ND ST-21ST FL	2.3 STREET ADDRESS	4303
CITY- ST- ZIP	MIAMI, FL 00000	2.4 CITY- ST- ZIP	CORAL GABLES, FL. 33134
TITLE PD	WALLACE, MILTON J	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	2222 Ponce De Leon Blvd
STREET ADDRESS	100 SE-2ND ST-21ST FL	3.3 STREET ADDRESS	4303
CITY- ST- ZIP	MIAMI, FL 00000	3.4 CITY- ST- ZIP	CORAL GABLES, FL. 33134
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		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 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)(A), 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 appointed 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 or on any attachment with my address.

SIGNATURE: *Milton J Wallace*
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

11/95 305-444-9991
DATE (Month/Year) PHONE NUMBER