

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 544507 (7)

1. Corporation Name
BISCAYNE NATIONAL CORP.



Principal Place of Business Mailing Address
2222 PONCE DE LEON BLVD **2222 PONCE DE LEON BLVD**
~~#903~~ ~~#903~~
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**
US **US**

3. Date Incorporated or Qualified **08/29/1977** 3a. Date of Last Report **02/07/1995**
4. FEI Number **59-1766454** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **SUITE #600** 27 **SUITE #600**
City & State City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMAN, LEROY
2222 PONCE DE LEON BLVD
~~#903~~
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 **SUITE #600**
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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **VD SHAPIRO, ARTHUR M.D.**
STREET ADDRESS **2222 PONCE DE LEON BLVD ~~#903~~ #600**
CITY-ST-ZIP **CORAL GABLES FL**
TITLE DELETE
NAME **SD BAUMAN, LEROY**
STREET ADDRESS **2222 PONCE DE LEON BLVD ~~#903~~**
CITY-ST-ZIP **CORAL GABLES FL**
TITLE DELETE
NAME **PD WALLACE, MILTON J**
STREET ADDRESS **2222 PONCE DE LEON BLVD ~~#903~~**
CITY-ST-ZIP **CORAL GABLES FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS **SUITE #600**
14 CITY-ST-ZIP
2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS **SUITE #600**
24 CITY-ST-ZIP
3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS **SUITE #600**
34 CITY-ST-ZIP
4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6 1 TITLE Change Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Date

305-444-9991

Daytime Phone #

CR2E034 (12/95)