

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90079 029 ***150.00

DOCUMENT # 544507

1. Corporation Name
BISCAYNE NATIONAL CORP.

Principal Place of Business

~~2222 PONCE DE LEON BLVD~~
~~SUITE # 600~~
~~CORAL GABLES FL 33134~~
~~US~~

Mailing Address

~~2222 PONCE DE LEON BLVD~~
~~SUITE # 600~~
~~CORAL GABLES FL 33134~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1977

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

1200 BRICKELL AVE

2a. Mailing Address

1200 BRICKELL AVE

Suite, Apt. #, etc.

1720

Suite, Apt. #, etc.

1720

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33131

Country

U.S.A

Zip

33131

Country

U.S.A

9. Name and Address of Current Registered Agent

BAUMAN, LEROY
2222 PONCE DE LEON BLVD
SUITE # 600
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVE.

83

SUITE # 1720

84 City

MIAMI

FL

85 Zip Code

33131

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

TITLE ☐ DELETE

NAME **VD SHAPIRO, ARTHUR M.D.**

STREET ADDRESS **2222 PONCE DE LEON BLVD # 600**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **SD BAUMAN, LEROY**

STREET ADDRESS **2222 PONCE DE LEON BLVD # 600**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **PD WALLACE, MILTON J**

STREET ADDRESS **2222 PONCE DE LEON BLVD # 600**

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

1.2 NAME

1200 BRICKELL AVE

1.3 STREET ADDRESS

SUITE # 1720

1.4 CITY-ST-ZIP

MIAMI, FL. 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

1200 BRICKELL AVE

2.3 STREET ADDRESS

SUITE # 1720

2.4 CITY-ST-ZIP

MIAMI, FL. 33131

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

1200 BRICKELL AVE

3.3 STREET ADDRESS

SUITE # 1720

3.4 CITY-ST-ZIP

MIAMI, FL. 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 305-444-9881

CR2E034 (11/98)