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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **635999** **(6)**

1. Corporation Name
BISCAYNE COVE SOUTHEASTERN, INC.

900001484089
-05/11/95--01050--002
***5417.50 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~11090 BISCAYNE BLVD., SUITE #402~~ ~~N MIAMI FL 33161-7489~~ ok	~~11090 BISCAYNE BLVD., SUITE #402~~ ~~N MIAMI FL 33161-7489~~ ok

3. Date Incorporated or Qualified: **09/13/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 11098 Biscayne Blvd,	26 11098 Biscayne Blvd.
Suite, Apt. #, etc. 22 402	Suite, Apt. #, etc. 27 402
City & State 23 North Miami, FL	City & State 28 North Miami, FL
Zip 24 33161 / Country 25	Zip 29 33161 / Country 30

4. FEI Number: **59-1977870** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEDZOW, MICHAEL, ESQ. 20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	BEDZOW, CHARLES	12 NAME	
STREET ADDRESS	~~11090 BISCAYNE BLVD #402~~ ok	13 STREET ADDRESS	11098 Biscayne Blvd., Suite 402
CITY ST ZIP	~~N. MIAMI FL~~	14 CITY ST ZIP	North Miami, Florida 33161
TITLE	SDV	21 TITLE	☐ Change ☐ Addition
NAME	BEDZOW, SARA	22 NAME	
STREET ADDRESS	~~11090 BISCAYNE BLVD #402~~ ok	23 STREET ADDRESS	11098 Biscayne Blvd., Suite 402
CITY ST ZIP	~~N. MIAMI FL~~	24 CITY ST ZIP	North Miami, FL 33161
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD (ASST)	32 NAME	
STREET ADDRESS	~~11090 BISCAYNE BLVD #402~~ ok	33 STREET ADDRESS	11098 Biscayne Blvd., Suite 402
CITY ST ZIP	~~N. MIAMI FL~~	34 CITY ST ZIP	North Miami, FL 33161
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD	42 NAME	
STREET ADDRESS	~~11090 BISCAYNE BLVD #402~~ ok	43 STREET ADDRESS	11098 Biscayne Blvd., Suite 402
CITY ST ZIP	~~N. MIAMI FL~~	44 CITY ST ZIP	North Miami, FL 33161
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 the 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: _____ 4/17/95 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

01H270 CP