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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT

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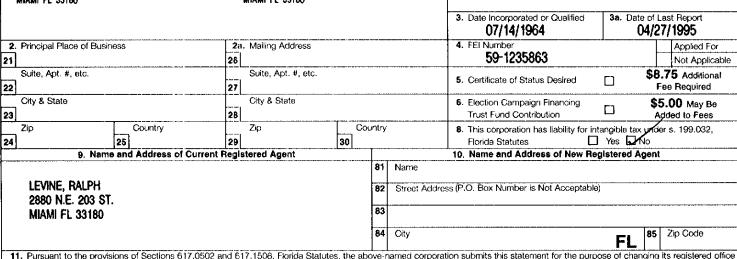
BISCAYNE LAKE GARDENS BUILDING "B", INC.

Principal Place of Business

Mailing Address

2880 NE 203RD ST MIAMI FL 33180

2880 NE 203RD ST MIAMI FL 33180



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE .	Shoothing brand or printed many of resistand ages	AIOTE Allore to the transfer of the transfer to	Registered Agent signature in	on irod what reineralism	ATE.	
12.	Signature, typed or printed name of registered agent and title if epplicable (NO OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	LEVINE, RALPH		1.2 NAME			
STREET ADDRESS	2880 NE 203 ST		1.3 STREET ADDRESS			
CITY+ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	MESTER, MURIEL		2.2 NAME			
STREET ADDRESS	2880 NE 203 ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33180		2. 4 CITY-ST-ZIP			
TITLE	SD	DELETE	3.1 TITLE	<i>5</i> D	Change	Addition
NAME	FRIEDMAN, ANNA		3.2 NAME	Therese Digregorio		
STREET ADDRESS	2880 NE 203 ST		3.3 STREET ADDRESS	Therese Digregorio 2880 NG 203 ST		
CITY-ST-ZIP	MIAMI FL 33180		3.4. CITY - ST - ZIP	miami HL 30100		
TITLE	TD	™ ØELETE	4.1 TITLE	TD	Change	Addition
NAME	KATZ, MARILYN		4. 2 NAME	RAY MOND HARRISON 2880 N.E. 203 ST		
STREET ADDRESS	2880 NE 203 ST		4.3 STREET ADDRESS	2880 N.E. 200 ST		
CITY-ST-ZIP	MIAMI FL 33180		4 4 CITY-ST-ZIP	Miami FL 33180		
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			<u></u>
TITLE		DELETE	6.1 TITLE		Change	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or an attachment with an address.

SIGNATURE:

NG OFFICER OR DIRECTOR

RALPH LEVINE 4-24-96

931-0642