

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707581 (5)

1. Corporation Name

BISCAYNE LAKE GARDENS BUILDING "J" INC.



Principal Place of Business

20200 NE 27 CT.
MIAMI FL 33180

Mailing Address

20200 NE 27 CT.
MIAMI FL 33180

3. Date Incorporated or Qualified
07/14/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1235863

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

SIMPSON, JOHN
20200 NE 27TH CT
MIAMI FL 33180

81

Name

Deborah Arabia

82

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

20200 NE 27 Ct

83

84

City

MIAMI

FL

85

Zip Code

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

Deborah Arabia

Deborah Arabia

4-24-96

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

~~DP~~

☒ DELETE

NAME

~~SIMPSON, JOHN~~

STREET ADDRESS

~~20200 NE 27TH CT~~

CITY-ST-ZIP

~~MIAMI, FL 00000~~

TITLE

D

☐ DELETE

NAME

ARABIA, DEBORAH

STREET ADDRESS

20200 NE 27 CT.

CITY-ST-ZIP

MIAMI, FL 00000

TITLE

D

☐ DELETE

NAME

DURAN, LEYDA

STREET ADDRESS

20220 NE 27 COURT

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

NANCY Gonzalez

STREET ADDRESS

20200 NE 27 Ct

CITY-ST-ZIP

MIAMI FL 33180

TITLE

D

☐ DELETE

NAME

Regina Dzubannaya

STREET ADDRESS

20200 NE. 27 Ct

CITY-ST-ZIP

MIAMI FL 33180

TITLE

D

☐ DELETE

NAME

Deborah Arabia

STREET ADDRESS

20200 NE 27 Ct

CITY-ST-ZIP

MIAMI FL 33180

TITLE

D

☐ DELETE

NAME

Deborah Arabia

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20200 NE 27 Ct

CITY-ST-ZIP

MIAMI FL 33180

TITLE

D

☐ DELETE

NAME

Deborah Arabia

STREET ADDRESS

20200 NE 27 Ct

CITY-ST-ZIP

MIAMI FL 33180

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

A.J. Stote

1.3 STREET ADDRESS

20200 NE 27 Ct.

1.4 CITY-ST-ZIP

Miami, FL 33180

2.1 TITLE

D

☐ Change

☐ Addition

2.2 NAME

D

2.3 STREET ADDRESS

20200 NE 27 Ct.

2.4 CITY-ST-ZIP

Miami, FL 33180

3.1 TITLE

D

☐ Change

☐ Addition

3.2 NAME

D

3.3 STREET ADDRESS

20200 NE 27 Ct.

3.4 CITY-ST-ZIP

Miami, FL 33180

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

NANCY Gonzalez

4.3 STREET ADDRESS

20200 NE 27 Ct

4.4 CITY-ST-ZIP

Miami FL 33180

5.1 TITLE

D

☐ Change

☒ Addition

5.2 NAME

Regina Dzubannaya

5.3 STREET ADDRESS

20200 NE. 27 Ct

5.4 CITY-ST-ZIP

Miami FL 33180

6.1 TITLE

D

☐ Change

☐ Addition

6.2 NAME

D

6.3 STREET ADDRESS

20200 NE 27 Ct

6.4 CITY-ST-ZIP

Miami FL 33180

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 changed or on an attachment with an address.

SIGNATURE: X

Deborah Arabia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Deborah Arabia

4-24-96

Date

305

9310642

Daytime Phone #

CR2E037 (12/95)