


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90089 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707581

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

530237-90089-3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2865 NE 201 Terr.		07/14/1964	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 Aventura, FL		59-1235863	
24 Zip		29 33180		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 USA		Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ARABIA, DEBORAH
 20200 NE 27 CT
 MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name **Leyda D. Freeman**
 82 Street Address (P.O. Box Number is Not Acceptable)
 2825 NE 201 Terr.M-214
 83
 84 City **Aventura** **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 **Leyda D. Freeman**

Signature, typed or printed name of registered agent and title if applicable.

Leyda D. Freeman

2/16/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTE, A.J.	1.2 NAME	STOTE, A.J.
STREET ADDRESS	20220 NE 27 CT	1.3 STREET ADDRESS	20220 NE 27 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARABIA, DEBORAH	2.2 NAME	Irene M. Monahan
STREET ADDRESS	20200 NE 27 CT.	2.3 STREET ADDRESS	20200 NE 27th CT, J-12A
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, LEYDA	3.2 NAME	Duran, Leyda
STREET ADDRESS	20220 NE 27 COURT	3.3 STREET ADDRESS	2825 NE 201 Terr. M-214
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, NANCY	4.2 NAME	
STREET ADDRESS	20200 NE 27 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZUBANNAYA, REGINA	5.2 NAME	
STREET ADDRESS	20200 NE 27 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: **Leyda D. Freeman** 2/16/99 305-931-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)