

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732065** (8)  
1. Corporation Name  
**BISCAYNE 21 CONDOMINIUM, INC.**

Principal Place of Business  
**2121 N. BAYSHORE DR.  
MIAMI FL 33137**

Mailing Address  
**2121 N. BAYSHORE DR.  
MIAMI FL 33137**



2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

3. Date Incorporated or Qualified <b>03/06/1975</b>	Applied For Not Applicable
4. FEI Number <b>59-1913896</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTINEZ, ARMANDO 2121 N. BAYSHORE DRIVE MIAMI FL 33137</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D JOHNSON, DAVID 2121 N BAYSHORE DR #516 MIAMI FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>P GAIL S. TUCKER-GRIFFITH 2121 N. BAYSHORE DR. #1410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D RAFFER, RUTH 2121 N BAYSHORE DR #714 MIAMI FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>V MARYANNE LUKACS 2121 N. BAYSHORE DR. #719 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MOSKOWITZ, ESTELLE 2121 BAYSHORE DR #1419 MIAMI FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>T DENNIS SCOTT 2121 N. BAYSHORE DR. #409 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SINGLETON, JOHN 2121 N BAYSHORE DR #519 MIAMI FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>S ELIZABETH DONNELLY 2121 N. BAYSHORE DR. #1407 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V MANN, THOMAS 2121 N BAYSHORE DR #1415 MIAMI FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>D HARRY HOLDEN 2121 N. BAYSHORE DR. #812 MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D [Signature] [Signature] [Signature]</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>D VINCENT CHAVEZ 2121 N. BAYSHORE DR. #717 MIAMI, FL</b>

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, upon an attachment with an address.

SIGNATURE:

**GAIL S. TUCKER-GRIFFITH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/98 (305) 526-5808**  
Date Daytime Phone #

CR2E037 (10/97)