

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732065

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90135 023 \*\*\*\*70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1913896	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

MARTINEZ, ARMANDO  
2121 N. BAYSHORE DRIVE  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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	P	1.1 TITLE	P
NAME	TUCKER-GRIFFITH, GAIL S	1.2 NAME	ANTELO, ALINA
STREET ADDRESS	2121 N. BAYSHORE DR. #1410	1.3 STREET ADDRESS	2121 N. BAYSHORE DR. #1409
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	V	2.1 TITLE	V
NAME	LUKACS, MARYANNE	2.2 NAME	SARAH D. LUDDLE
STREET ADDRESS	2121 N. BAYSHORE DR. #719	2.3 STREET ADDRESS	2121 N. BAYSHORE DR. #513
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T	3.1 TITLE	T
NAME	SCOTT, DENNIS	3.2 NAME	MARYANNE LUKACS
STREET ADDRESS	2121 N. BAYSHORE DR. #409	3.3 STREET ADDRESS	2121 N. BAYSHORE DR. #719
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D	4.1 TITLE	D
NAME	SINGLETON, JOHN	4.2 NAME	JOHN SINGLETON
STREET ADDRESS	2121 N BAYSHORE DR #519	4.3 STREET ADDRESS	2121 N. BAYSHORE DR. #519
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D	5.1 TITLE	D
NAME	HOLDEN, HARRY	5.2 NAME	MIRIAM ZATINSKY #710
STREET ADDRESS	2121 N. BAYSHORE DR. #812	5.3 STREET ADDRESS	2121 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D	6.1 TITLE	D
NAME	CHAVEZ, VINCENT	6.2 NAME	DAISY OLIVEROS
STREET ADDRESS	2121 N. BAYSHORE DR. #717	6.3 STREET ADDRESS	2121 N. BAYSHORE DR. #616
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	MIAMI, FL 33137

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:

SIGNATURE REQUIRED

ANTELO PRESIDENT 2-4-99 (305)661-0110

Date

Daytime Phone #

CR2E037 (1/98)