

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB -9 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732674** (7)
1. Corporation Name
BISCAYNE AUXILIARY, INC.

Principal Place of Business Mailing Address
20900 BISCAYNE BLVD MIAMI FL 33180 **20900 BISCAYNE BLVD MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1975** 3a. Date of Last Report **04/04/1994**
4. FEI Number **23-1414815** Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BERGER, ROSALIE
828 N.E. 27TH AVE.
HALLANDALE, FL 33009**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, ROSALIE	1.2 NAME	
STREET ADDRESS	828 N.E. 27TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MARCIA	2.2 NAME	
STREET ADDRESS	400 DIPLOMAT PARKWAY #402	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESSE, AUDREY	3.2 NAME	
STREET ADDRESS	3625 N. COUNTRY CLUB DR., #1002	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORNER, HELEN	4.2 NAME	
STREET ADDRESS	20301 W. COUNTRY CLUB DR. #2022	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLING, BELLE	5.2 NAME	
STREET ADDRESS	330 S.E. 2ND ST., #205-F	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Rosalie Berger ROSALIE BERGER 1-31-95 458-0575
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Approx. 1 hour)