

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810843
 1. Corporation Name
BISCAYNE SEA CLUB

Principal Place of Business	Mailing Address
8000 E. DR. N. BAY VILLAGE MIAMI BEACH, FL 33141	8000 E. DR. N. BAY VILLAGE MIAMI BEACH, FL 33141

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/28/1956	02/01/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0787519	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEAH S. JAFFE 8000 EAST DR., # 106 N. BAY VILLAGE, FL 33141-4160		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY DIRECTOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDA GIUDICI	1.2 NAME	LEAH S. JAFFE
STREET ADDRESS	8000 EAST DR., #205	1.3 STREET ADDRESS	8000 EAST DR., #106
CITY, ST, ZIP	N. BAY VILLAGE, FL 33141	1.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPHINE CHESLEY	2.2 NAME	LARRY WEAVER
STREET ADDRESS	8010 EAST DR., #307	2.3 STREET ADDRESS	8020 EAST DR., #217
CITY, ST, ZIP	N. BAY VILLAGE, FL 33141	2.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HARRY CAICEDO	3.2 NAME	
STREET ADDRESS	8010 EAST DR., # 207	3.3 STREET ADDRESS	
CITY, ST, ZIP	N. BAY VILLAGE, FL 33141	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MARJORIE MOLWAY	4.2 NAME	
STREET ADDRESS	8020 EAST DR., #117	4.3 STREET ADDRESS	
CITY, ST, ZIP	N. BAY VILLAGE, FL 33141	4.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ELIAS BENABIB	5.2 NAME	
STREET ADDRESS	8010 EAST DR., #201	5.3 STREET ADDRESS	
CITY, ST, ZIP	N. BAY VILLAGE, FL 33141	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	
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14. I do 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.

SIGNATURE: LEAH S. JAFFE *Leah S. Jaffe* **2/18/97 (305) 757-0539**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)