

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #  
1. Corporation Name  
**F536231**  
**BISCAYNE AMUSEMENT COMPANY, INC.**

Principal Place of Business: **12005 N.E. 7th Ave. MIAMI, FL 33161**  
Mailing Address: **SAME**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11-13-81</b>	3a. Date of Last Report <b>4-1-96</b>
21. Suite Apt # etc	26. Suite, Apt #, etc	4. FEI Number <b>59-2152441</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DOMPKE, GENEVIEVE 12005 N.E. 7th Ave. MIAMI, FL 33161</b>		10. Name and Address of New Registered Agent	
81. Name <b>GENEVIEVE DOMPKE</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>12005 N.E. 7th Ave.</b>	83.	84. City <b>MIAMI</b>
		85. State <b>FL</b>	86. Zip Code <b>33161</b>

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: **GENEVIEVE DOMPKE** *Genevieve Dompke* DATE: **4-27-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>GENEVIEVE DOMPKE</b>		1.2 NAME	
3. STREET ADDRESS <b>12005 NE 7 AVE.</b>		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP <b>MIAMI, FL 33161</b>		1.4 CITY-ST-ZIP	
5. TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME <b>KEITH DOMPKE</b>		2.2 NAME	
7. STREET ADDRESS <b>12005 NE 7 AVE.</b>		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP <b>MIAMI, FL 33161</b>		2.4 CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

**900002163699**  Change  Addition  
**-05/02/97--01084--016**  
**\*\*\*165.00**

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Genevieve Dompke* DATE: **4-14-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GENEVIEVE DOMPKE** Daytime Phone #: **305-813-8521**

CR2E034 (9/96)