

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 10 PM 2:10

DOCUMENT # **G26878** (0)

1. Corporation Name  
**BISCAYNE BUILDING, INC.**

Principal Place of Business <b>STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI FL 33130</b>	Mailing Address <b>STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI FL 33130</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>03/03/1983</b>	3a. Date of Last Report <b>03/24/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2260173</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FIORINI, DANTE STE. 310 BISCAYNE BLDG. 19 W FLAGLER ST MIAMI FL 33130</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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>FIORINI, DANTE</b>	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>500 ARVIDA PKWY</b>	CITY-ST-ZIP <b>CORAL GABLES, FL 00000</b>	2. 2 NAME	
TITLE <b>V</b>	NAME <b>FIORINI, ODESSA</b>	3. 3 STREET ADDRESS	
STREET ADDRESS <b>500 ARVIDA PKWY</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	4. 4 CITY-ST-ZIP	
TITLE	NAME	5. 5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6. 6 NAME	
TITLE	NAME	7. 7 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	8. 8 CITY-ST-ZIP	
TITLE	NAME	9. 9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	10. 10 NAME	
TITLE	NAME	11. 11 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	12. 12 CITY-ST-ZIP	
TITLE	NAME	13. 13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	14. 14 NAME	
TITLE	NAME	15. 15 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	16. 16 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dante Fiorini* **4/4/95** **(305) 358 1505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR