03-14-1999 90038 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G26878

BISCAY	NE BUILDING, INC.												
Principal Plac	e of Business	Mail	ling Address						I ARBIANI MUNU NANA			1841 BIBIS BSBS B	11011 01011 1001
STE. 310 BISC			. 310 BISCAYNE BLDG	i .									
19 W FLAGLER ST 19 W FLAGLER ST													
MIAMI FL 3313	0	MIAN	MI FL 33130				L			NOT WRI	re in this	SPACE	
									Incorporated o	r Qualifed			ļ
									03/1983			7 1.	. U - 4 E
2. Principal P	Place of Business		Mailing Address					4. FEI N				 	plied For
21		26		-				59-2	2260173				t Applicable
Suite, Apt.	#, etc.	_ 27]_	Suite, Apt. #, etc.					5. Certif	cate of Status	Desired		\$8.75 A	
City & Stat	te	- - (City & State					6. Electi	ion Campaign	Financing		\$5.00	May Be
23		28						Trust	Fund Contribu	ıtion	U .	Added t	o Fees
Zip	Country		Zip	Cou	ntry			8. This	corporation ow	es the curr	ent year In		_
24	25	29		30					onal Property T			Yes	□No
	9. Name and Address of Curro	ent Registe	ered Agent		1		1	0. Nam	e and Address	s of New F	Registered	Agent	
FIOR	RINI, DANTE				81	Name							l
	. 310 BISCAYNE BLDG.				82	Street	Address	(P.O. Bo	ox Number is N	lot Accepta	ible)		
									40.00				
	N FLAGLER ST				83								j
MIAI	MI FL 33130				84	City						85 Zip (Code
						I CIIV					FL		
	60.00	500 100	7.4500 Flacida Chah	4 4bI		´	20120101	ion aubo	oite this statem	ont for the			registered
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida	a. Such change was a	authorized	by	e-named the corp	corporat oration's	ion subn board of	nits this statem f directors. I he	ent for the ereby accep	purpose of the appo	changing its	registered gistered
office or r	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Floor applicable. (NOTI	authorized orida Stati	utes	e-named the corp	oration's	DOARD O	g)	ereby accer	purpose of the appo	f changing its intment as re	yisiered
office or ragent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered and OFFICERS A	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Florapplicable. (NOTI	Registered	otes Agen	e-named the corp	oration's	DOARD O	r directors. I ne	ereby accer	purpose of the appo	f changing its intment as re	RS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered an OFFICERS A	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Floor applicable. (NOTI	Registered 1.1 TII	Agen	e-named the corp	oration's	DOARD O	g)	ereby accer	purpose of the appo	f changing its intment as re	yisiered
office or ragent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Florapplicable. (NOTI	Registered 13. 1.1 TH	Agen LE	e-named the corp	oration s	n reinstatin	g) TONS/CHANG	ES TO OF	purpose of the appo	changing its intment as re-	RS IN 12
office or ragent. I a SIGNATURE 12.	registered agent, or both, in the Statam familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DP FIORINI, DANTE 0180 COLLING AVE #2H	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Florapplicable. (NOTI	Registered 13. 1.1 TH	Agen	e-named the corporations is signature in	required who	ADDIT	ONS/CHANG	ES TO OF	DATE FICERS AI	changing its intment as re-	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PROBLEM DP FIORINI, DANTE 9199 COLLING AVE #2H SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS)	Registered 13. 1.1 TH 1.2 N 1.3 ST 1.4 CI	Agen ILE IME REET	e-named the corporations is signature in	required who	ADDIT	g) TONS/CHANG	ES TO OF	DATE FICERS AI	ND DIRECTO	RS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PROBLEM DP FIORINI, DANTE 9199 COLLING AVE #2H SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Florapplicable. (NOTI	Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII	Agen TLE TREET TY-ST	e-named the corporations is signature in	required who	ADDIT	ONS/CHANG	ES TO OF	DATE FICERS AI	changing its intment as re-	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0189 COLLING AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS)	13. 1.1 TH 12. NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	Agen LE ME TY-ST LE	e-named the corp of signature of T ADDRESS T-ZIP	350	ADDIT	BAYS NO.	ES TO OF	DATE FICERS AI	ND DIRECTO Change	RS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 COLLING AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLING AVE #2H	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS)	E Registered 13. 1.1 TI 1.2 N 1.3 ST 1.4 CT 2.1 TI 2.2 N 2.3 ST	Agen LE ME TY-ST TLE ME TREET	e-named the corporate signature of address T-ZiP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0189 COLLING AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTI	### Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CC 2.4 C	Agen Agen ILE ME REET TY-ST ME REET TY-ST	e-named the corp of signature of T ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 COLLING AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLING AVE #2H	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS)	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI	Agen TLE TY-ST TLE TY-ST TLE TTY-ST TLE	e-named the corporate signature of address T-ZiP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change	RS IN 12 Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 COLLING AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLING AVE #2H	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTI	### Registered 13. 1.1 TII	Agen Agen TLE ME REET TY-ST TLE TY-ST TLE ME TY-ST TLE ME	e-named the corporate signature of address T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL-33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTI	### Registered ### 13. ### 1.1 TII ### 1.3 ST ### 1.4 CI ### 2.1 TII ### 2.2 No. ### 2.3 ST ### 2.4 CC ### 3.3 ST ### 3.3 ST	Agen Agen LE ME REET TY-ST LE ME REET TY-S REET REET REET REET REET REET	e-named the corporate in signature of address T-ZIP I ADDRESS T-ZIP I ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL-33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CC	Agen Agen Agen ILE ME REET TY-ST ILE ME REET TY-S TLE ME TTY-S TLE TTY-S TLE TTY-S TLE TTY-S TLE	e-named the corporate in signature of address T-ZIP I ADDRESS T-ZIP I ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition
office or ragent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL-33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTI	### Registered 13. 1.1 TII	Agen TLE AME REET TY-ST TLE TTY-S TLE TTY-S TLE TTY-S TLE TTY-S	e-named the corporate in signature of address T-ZIP I ADDRESS T-ZIP I ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition
office or ragent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS DELETE	### Registered 13. 1.1 TII	Agen TLE WE REET TY-ST TLE WE TY-ST TLE TY-ST TY-S	e-named the corporate in signature in signature in address T-ZIP T ADDRESS T-ZIP T ADDRESS ST-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition
office or ragent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS DELETE	### Registered 13. 1.1 TII	Agen ILE WHE REET TY-ST TLE WHE REET TY-S TLE HAME REET REET REET	e-named the corporate in signature in signature in address T-ZiP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable (NOTIORS) DELETE DELETE DELETE	### Registered 13. 1.1 TII	Agen TLE ME REET TY-ST TLE ME REET TY-S TLE TY-S	e-named the corporate in signature in signature in address T-ZiP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a agent. I a signature 12. Title Name Street address City-St-Zip Title Name Street address Street	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable. (NOTIOTORS DELETE	### Registered 13. 1.1 TII	Agen TLE ME REET TY-ST TLE ME REET TY-S TLE TY-S TLE TY-S TLE TY-S TLE	e-named the corporate in signature in signature in address T-ZiP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	350	ADDIT	BAYSHOA	ES TO OF E	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A OFFICERS A OFFICERS A OFFICERS A SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H-SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable (NOTIORS) DELETE DELETE DELETE	### Registered 13. 1.1 TII	Agen ILE ME REET TY-ST ILE ME REET TY-S ILE ME REET TY-S ILE AME	e-named the corporate in signature in signature in address T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	350	ADDIT	BAYSHOA	ES TO OF E VILL 33	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a agent. I a signature 12. Title Name Street address City-St-Zip Title Street Address City-St-Zip Title Street Name Street Address City-St-Zip Title Street Name Street Address City-St-Zip Title Street Name Stree	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 GOLLINS AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable (NOTIORS) DELETE DELETE DELETE	### Registered 13. 1.1 TII	Agen ILE WE REET TY-ST ILE WE REET TY-S ILE AME REET TY-S ILE AME REET TY-S ILE AME REET TY-S ILE REET REET	e-named the corporate in signature in signature in address T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 GOLLINS AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable (NOTIONS) DELETE DELETE DELETE DELETE	### Authorized Statu	Agen ILE WHE REET ITY-SI ILE WHE REET ITY-S ILE WHE REET ITY-S ILE WHE REET ITY-S ILE WHE REET ITY-S ILE WHE ITY-S ILE	e-named the corporate in signature in signature in address T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E	DATE FICERS AI	Change ND DIRECTO Change Change Change Change Change Change	RS IN 12 Addition Addition Addition Addition
office or ragent. I a agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the oblig signature, typed or printed name of registered at OFFICERS A DP FIORINI, DANTE 0100 GOLLINS AVE #2H SURFSIDE FL 33154 V FIORINI, ODESSA 9133 COLLINS AVE #2H SURFSIDE FL 33154	te of Florida gations of, S gent and title if a	a. Such change was a Section 607.0505, Fix applicable (NOTIORS) DELETE DELETE DELETE	### Registered 13. 1.1 TII	Agen ILE WHE REET TY-ST ILE WHE REET TY-S ILE	e-named the corporate in signature in signature in address T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	350	ADDIT	BAYSHOA	ES TO OF E	DATE FICERS AI	ND DIRECTO Change Change Change Change Change	RS IN 12 Addition Addition Addition

CITY-ST-ZIP 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 received 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OFFICER OR DIRECTOR

305) 358 1505