

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4: 21

DOCUMENT # **K20138** (9)

1. Corporation Name
BISCAYNE KEY INVESTMENTS, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % MAX D. PUYANIC 51 SW 9TH STREET MIAMI FL 33130 | % MAX D. PUYANIC 51 SW 9TH STREET MIAMI FL 33130 |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/05/1988 | 3a. Date of Last Report 04/05/1994 |
| 4. FEI Number 65-0222865 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | | | |
|--|--|--|--|--|-----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| PUYANIC, MAX D 51 SW 9TH STREET MIAMI FL 33130 | | | | 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 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]*
Signature of individual or principal officer of registered agent and title if applicable (607.0505, Florida Statutes) (607.1508, Florida Statutes) (607.1509, Florida Statutes)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | DVST | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMENZONI, ROBERTO | 12. NAME | |
| STREET ADDRESS | 51 SW 9 STREET | 13. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33130 | 14. CITY, ST, ZIP | |
| TITLE | P | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUYANIC, MAX D | 22. NAME | |
| STREET ADDRESS | 51 SW 9 STREET | 23. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33130 | 24. CITY, ST, ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY, ST, ZIP | | 64. 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*
Signature and typed or printed name of signing officer or director
Max O. Puyanic

3/2/95 Date **(205) 373-0220** (Official Phone #)