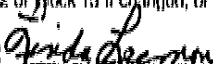


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 95 JAN 25 PM 1:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K31530 (4) 1. Corporation Name BISCAYNE HOTEL CORPORATION					
Principal Place of Business % CHARLES L. LEEMON, III 10775 S.W. 200 STREET MIAMI FL 33189		Mailing Address % CHARLES L. LEEMON, III 10775 S.W. 200 STREET MIAMI FL 33189		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 2861 Reynolds Drive		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/22/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/03/1994	
City & State 23 Fort Pierce, Florida		City & State 28		4. FEI Number 65-0189270	
Zip 24 34945		Country 25 USA		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent LEEMON, CHARLES L, III 10775 S.W. 200 STREET MIAMI FL 33189				10. Name and Address of New Registered Agent	
				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LEEMON, CHARLES L. III 10775 S.W. 200 STREET MIAMI FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP STD LEEMON, LINDA L 10775 SW 200 STR MIAMI FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP V/D Leemon, Edward C. 17704 S. W. 83 Court Miami, Florida 33157 ☐ Change ☒ Addition		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition		
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:  Linda L. Leemon Jan. 20, 1995 305-253-3037					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					