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55 MAY -1 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L63571** (8)

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

Principal Place of Business Mailing Address  
**11900 BISCAYNE BLVD  
SUITE 100  
MIAMI FL 33181** **100 S.E. SECOND STREET  
38TH FLOOR  
MIAMI FL 33131  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/02/1990** 3a. Date of Last Report **06/16/1994**  
4. FEI Number **59-3004972** Applied For  
Net Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**  
8. This corporation has liability for intangible tax under a 1994 U.S.  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite Apt #, etc Suite Apt # etc  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**WOLFE, LEON J.  
3500 International Place  
100 S.E. 2nd Street  
Miami, FL 33131-2130**

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 of person named in registration report and the filer's name \_\_\_\_\_ Signature of Registered Agent (required when necessary) \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY ST ZIP  
PC **CYTRYNBAUM, MARIO  
5490 ROYALMOUNT AVENUE  
MONTREAL, QUEBEC H4P 1H7**  
STD **CYTRYNBAUM, BRIAN  
5490 ROYALMOUNT AVENUE  
MONTREAL, QUEBEC H4P 1H7**  
AS **COLTON, ABRAHAM  
155 WEST 72 STREET, #602  
NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP  
15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY ST ZIP  
19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY ST ZIP  
23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY ST ZIP  
27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY ST ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP  
35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY ST ZIP  
39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY ST ZIP  
43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY ST ZIP  
47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY ST ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP  
55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY ST ZIP  
59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY ST ZIP  
63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY ST ZIP  
67 TITLE 68 NAME 69 STREET ADDRESS 70 CITY ST ZIP  
71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY ST ZIP  
75 TITLE 76 NAME 77 STREET ADDRESS 78 CITY ST ZIP  
79 TITLE 80 NAME 81 STREET ADDRESS 82 CITY ST ZIP  
83 TITLE 84 NAME 85 STREET ADDRESS 86 CITY ST ZIP  
87 TITLE 88 NAME 89 STREET ADDRESS 90 CITY ST ZIP  
91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY ST ZIP  
95 TITLE 96 NAME 97 STREET ADDRESS 98 CITY ST ZIP  
99 TITLE 100 NAME 101 STREET ADDRESS 102 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 Sections 113.07(1)(b), 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 registrar 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 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten initials/signature*