

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63571** (8)

1. Corporation Name
BISCAYNE CENTRE, INC.



Principal Place of Business: **11900 BISCAYNE BLVD SUITE 100 MIAMI FL 33181**
Mailing Address: **11900 BISCAYNE BLVD SUITE 100 MIAMI FL 33181**

21	2a	26
Principal Place of Business	Mailing Address	State, Apt. #, etc.
State, Apt. #, etc.	City & State	City & State
Zip	Country	Country
24	25	29
Country	Country	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1990	05/01/1995
4. FEI Number	Applied For
59-3004972	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**WOLFE, LEON J.
3500 INTERNATIONAL PLACE
100 SE 2ND STREET
MIAMI FL 33131-2130**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	CYTRYNBAUM, MARIO	
STREET ADDRESS	5490 ROYALMOUNT AVENUE	
CITY-STATE-ZIP	MONTREAL, QUEBEC H4P 1H7	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CYTRYNBAUM, BRIAN	
STREET ADDRESS	5490 ROYALMOUNT AVENUE	
CITY-STATE-ZIP	MONTREAL, QUEBEC H4P 1H7	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLTON, ABRAHAM	
STREET ADDRESS	155 WEST 72 STREET, #602	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUTZER, JOHN	
STREET ADDRESS	188 E. 64th STREET: NEW YORK, NY 10021	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form 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 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 or person 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 affidavit.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)