

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 # **M21575**

(9)

1. Corporation Name

204 BISCAYNE INVESTMENTS, INC.



Principal Place of Business

**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

Mailing Address

**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

3. Date Incorporated or Qualified
10/04/1985

3a. Date of Last Report
04/26/1995

4. FEI Number

59-2605662

Applied For
Not 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 s. 199.032,
Florida Statutes ☐ Yes ☒ No **Foreign Shareholders**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FELDMAN, DAVID
407 LINCOLN ROAD
NORTHEAST PENTHOUSE
MIAMI BEACH FL 33139**

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 607.0612 and 607.1535, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signer, if a corporation, must be authorized to file this report.)

(If a Registered Agent, please print name and address.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RESTAGNO, MARIA	
STREET ADDRESS	48 E. FLAGLER ST. #101	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	MADLER, FRANK	
STREET ADDRESS	48 E. FLAGLER ST. #101	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	☐ DELETE
NAME	RESTAGNO, ALBERT	
STREET ADDRESS	48 E. FLAGLER ST. #101	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AS	☐ DELETE
NAME	LERMAN, ISIDORO	
STREET ADDRESS	48 E. FLAGLER ST. #101	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this and any 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 its 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 of original or certified statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 205 373 6541

CR2E034 (12/95)