

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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11: 14**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**800001484088**  
**-05/11/95--01050--002**  
**\*\*\*5417.50 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M26485 (6)**

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

Principal Place of Business <b>11098 BISCAYNE BV SUITE 402 MIAMI FL 33161</b>	Mailing Address <b>11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161 US</b>
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3. Date Incorporated or Qualified <b>01/28/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2630083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip Country	2b. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent

**BEDZOW, MICHAEL  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPT</b>
NAME	<b>BEDZOW, CHARLES</b>
STREET ADDRESS	<b>11098 BISCAYNE BLVD</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>DVS</b>
NAME	<b>SHAPIRO, HOWARD</b>
STREET ADDRESS	<b>11098 BISCAYNE BLVD</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>DVS</b>
NAME	<b>BEDZOW, SARA</b>
STREET ADDRESS	<b>11098 BISCAYNE BLVD</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
7. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	<b>D/V/AS</b>
9. STREET ADDRESS	
10. CITY ST ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY ST ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. 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 110.07(3)(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 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 if chairman, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/10/95 - 891,7987**

**SW**