FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05593 (1)

1. Corporation Name
BISCAYNE BAY POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH CAPUOZZO 390 NE 125 ST., APT. #401 NORTH MIAMI FL 22161	C/O JOSEPH CAPUOZZO 390 NE 125 ST., APT. #401 NORTH MIAMI FL 22161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1984	3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-6147746	☑ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CAPUOZZO, JOSEPH
390 NE 125 ST
APT #401
NORTH MIAMI FL 33161

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] JOSEPH CAPUOZZO 4-27-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☑ Addition
NAME	SABADO DANIEL G	1.2 NAME	SHARPE ,JAMES
STREET ADDRESS	19341 NW 52ND COURT	1.3 STREET ADDRESS	3703 NE 166 STREET #602
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33160
TITLE	DM	2.1 TITLE	DM ☑ Change ☐ Addition
NAME	FRISCHMAN, JAY I	2.2 NAME	SHULTZ ,HARRY M.
STREET ADDRESS	15322 SW 72 ST APT 12	2.3 STREET ADDRESS	3944 NE 167 ST./ A-107
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH,FLORIDA 33160
TITLE	C	3.1 TITLE	C ☐ Change ☐ Addition
NAME	NIELSON, ELSA	3.2 NAME	NIELSON, ELSA
STREET ADDRESS	1700 SW 82 AVE	3.3 STREET ADDRESS	1700 SW 82nd AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI,FLORIDA 33155
TITLE	C	4.1 TITLE	C ☐ Change ☐ Addition
NAME	MASTER, RUDOLPH	4.2 NAME	MASTER, RUDOLPH
STREET ADDRESS	1960 NE 182 STREET	4.3 STREET ADDRESS	1960 NE 182nd STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI , FLORIDA 33162
TITLE	S	5.1 TITLE	S ☑ Change ☐ Addition
NAME	ORTIZ, RITA	5.2 NAME	D'AMICO ,JOANNE E.
STREET ADDRESS	1000 NW 150 STREET	5.3 STREET ADDRESS	1085 NE 179th TERRACE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH , FLORIDA 33162
TITLE	T	6.1 TITLE	T ☑ Change ☐ Addition
NAME	SABADO, ROSE M	6.2 NAME	SABADO ,DANIEL G.
STREET ADDRESS	19341 NW 52ND COURT	6.3 STREET ADDRESS	19341 NW 52nd COURT
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33055-1640

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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DANIEL G. SABADO 4/01/95 (305)624-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0043585