

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -3 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08361 (0)
1. Corporation Name
BISCAYNE BAY YOUNG REPUBLICANS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2782654	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	

Principal Place of Business		Mailing Address	
P.O. BOX 370061 MIAMI FL 33137		P.O. BOX 370061 MIAMI FL 33137	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24	25	29	30

9. Name and Address of Current Registered Agent	
ALCARAZ, JOSE 4200 NW 3 CT #205 PLANTATION FL 33317	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

10. Name and Address of New Registered Agent	
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 Jose Alcaraz DATE 6-7-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	11 TITLE	☐ Change ☐ Addition
NAME	ALCARAZ, JOSE	12 NAME	
STREET ADDRESS	4200 N W 3 ST #205	13 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	14 CITY - ST - ZIP	
TITLE	VP D	21 TITLE	☐ Change ☐ Addition
NAME	DEL VALLE, CARMEN	22 NAME	
STREET ADDRESS	9387 STERLING DR	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	T D	31 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CARMEN	32 NAME	
STREET ADDRESS	16020 S W 89TH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	S D	41 TITLE	☐ Change ☐ Addition
NAME	TATOL, JULIE	42 NAME	
STREET ADDRESS	7500 S W 53 AVE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(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 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: Jose Alcaraz DATE 6-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR