FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N08361 (0)

1. Corporation Name
BISCAYNE BAY YOUNG REPUBLICANS, INC.

Principal Place of Business
P.O. BOX 370061
MIAMI FL 33137

Mailing Address
P.O. BOX 370061
MIAMI FL 33137

3. Date Incorporated or Qualified: 03/26/1985
3a. Date of Last Report: 07/03/1995

2. Principal Place of Business
21 P.O. Box 145333
22 Suite, Apt. #, etc.
23 City & State: CORAL GABLES FL
24 Zip: 33114
25 Country: USA

2a. Mailing Address
26 P.O. Box 145333
27 Suite, Apt. #, etc.
28 City & State: CORAL GABLES FL
29 Zip: 33114
30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ALCARAZ, JOSE
4200 NW 3 CT #205
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name: CARMEN FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 16020 SW 89 AVE. ROAD.
83
84 City: MIAMI FL 85 Zip Code: 33157

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 2/6/96
Signature (typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ALCARAZ, JOSE	
STREET ADDRESS	4200 N W 3 ST #205	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☒ DELETE
NAME	DEL VALLE, CARMEN	
STREET ADDRESS	9387 STERLING DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☒ DELETE
NAME	FERNANDEZ, CARMEN	
STREET ADDRESS	16020 S W 89TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	TATOL, JULIE	
STREET ADDRESS	7500 S W 53 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D PRESIDENT	☒ Change ☐ Addition
1.2 NAME	CARMEN FERNANDEZ	
1.3 STREET ADDRESS	16020 SW 89 AVE RD.	
1.4 CITY-ST-ZIP	MIAMI FL 33157	
2.1 TITLE	D VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	ANA LOPEZ	
2.3 STREET ADDRESS	3205 VILLAGE GREEN DR.	
2.4 CITY-ST-ZIP	MIAMI FL 33175	
3.1 TITLE	D TREASURER	☒ Change ☐ Addition
3.2 NAME	ANGELA VAZQUEZ-MENDES	
3.3 STREET ADDRESS	4520 SW 94 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33165	
4.1 TITLE	D SECRETARY	☒ Change ☐ Addition
4.2 NAME	J.C. TOYOS	
4.3 STREET ADDRESS	837 LORCA ST.	
4.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	800001772358	
5.3 STREET ADDRESS	-04/08/96--01044--028	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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] CARMEN FERNANDEZ 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #