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	Mailing Address
P.O. BOX 370061 MIAMI FL 33137	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 617.0503, Florida Statutes.

SIGNATURE _____ DATE 2/6/96
Signature required or printed name of registered agent and the date adjacent thereto (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE D	PRESIDENT	☒ Change ☐ Addition
NAME	ALCARAZ, JOSE		12 NAME	CARMEN FERNANDEZ	
STREET ADDRESS	4200 N W 3 ST #205		13 STREET ADDRESS	16020 SW 89 AVE RD.	
CITY-ST-ZIP	PLANTATION FL		14 CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	☒ DELETE	21 TITLE D	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DEL VALLE, CARMEN		22 NAME	ANA LOPEZ	
STREET ADDRESS	9387 STERLING DR		23 STREET ADDRESS	3205 VILLAGE GREEN DR.	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	☒ DELETE	31 TITLE D	TREASURER	☒ Change ☐ Addition
NAME	FERNANDEZ, CARMEN		32 NAME	ANGELA VAZQUEZ-MENDES	
STREET ADDRESS	16020 S W 89TH AVE		33 STREET ADDRESS	4520 SW 94 AVE	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	☒ DELETE	41 TITLE D	SECRETARY	☒ Change ☐ Addition
NAME	TATOL, JULIE		42 NAME	J.C. TOYOS	
STREET ADDRESS	7500 S W 53 AVE		43 STREET ADDRESS	837 LORCA ST.	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	800001772358	
STREET ADDRESS			53 STREET ADDRESS	-04/08/96--01044--028	
CITY-ST-ZIP			54 CITY ST ZIP	***61.25	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: _____ Carmen Fernandez 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #