3-18-97 B-3223-C

FILE NOW: FILING FEE IS $61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 145333 CORAL GABLES FL 33114	P.O. BOX 145333 CORAL GABLES FL 33114-5333

3. Date Incorporated or Qualified: 03/26/1985
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

FERNANDEZ, CARMEN
16020 SW 89 AVE.
MIAMI FL 33157

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 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) 3/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, CARMAN		1.2 NAME		
STREET ADDRESS	16020 SW 89 AVE. RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, ANA		2.2 NAME		
STREET ADDRESS	3205 VILLAGE GREEN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	VAZQUEZ-MENDES, ANGELA		3.2 NAME	RUDY DE LA GUARDIA	
STREET ADDRESS	4520 SW 94 AVE		3.3 STREET ADDRESS	626 NE 124th Street	
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	TOYOS, J.C.		4.2 NAME	ALICIA CABALLERO	
STREET ADDRESS	837 LORCA ST.V		4.3 STREET ADDRESS	315 NAVARRE AVE. #2.	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/11/97