FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08723

(1)

BISCAYNE PLAZA MERCHANTS ASSOCIATION, INC.

				····							
Principal Place of Business			Mailing Address			1 (0011)101 (111 (101)	11) BIBIL #90	SI MIÆII MIMIT MI	B(6 B(B() (BB)	
7331 CORAL WAY. SUITE 250 MIAMI FL 33155-8402			7331 CORAL WAY. SUITE 250 MIAMI FL 33155-1471								
							3. Date Incorporate 04/16/198			te of Last R 11/18/19	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Ap	oplied For
21			26			59-255869	4		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Stat	us Desired			Additional equired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution Added to Fees				
Zip	p Country		Zip Cou		Country		8. This corporation has liability for intangible tax under s. 199.032,			. 199.032,	
24	25		29 30				Florida Statutes Yes No 10, Name and Address of New Registered Agent				
Name and Address of Current Registered Agent							10. Name and Addr	ess of New Re	pistered /	Agent	
NACH A	IADTIN D			Ľ	B1 B2	Name	(DO Do N)	Na Assault	1.3		
NASH, MARTIN P 7331 CORAL WAY, SUITE 250						Street Addre	ss (P.O. Box Number I	s Not Acceptab	ie)		
MIAMI FL 33155						· · · · · · · · · · · · · · · · · · ·					
				1	B4	City		···········	FL.	85 Zip	Code
SIGNATURE	to the provisions of Sec agistered agent, or bot in familiar with, and acc		d 617.1508, Florida Statute orida Such change was au of, Section 617.0503, Flor			the corporation		I hereby accep	the app	ointment as	registered
12.		OFFICERS AND DIF		13.	Agei	ii signature requiret	ADDITIONS/CHAN	IGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	DST	31110E1107440 BII	DELETE	1.1 7171	ŧ	· · · · · · · · · · · · · · · · · · ·	7,507,101,0707,111	020 70 07710	21107212	☐ Change	Addition
NAME	GUZMAN, MAYRA	l		1.2 NAM	MÉ						
STREET ADDRESS	561 NE 79TH ST			1.3 STR	EET /	address					
CITY-ST-ZIP	MIAMI FL			1.4 C(T)	Y-81	r-ZIP					
TITLE	VPD		DELETE	2.1 TITL	E					Change	Addition
NAME	MILLER, LISHA			2.2 NAA	31						
STREET ADDRESS	STREET ADDRESS 1200 BRICKELL AVE #1500		2.3 5		2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			2. 4 CIT		T-ZIP				T-17 A	···
TITLE	STF		☐ DELETE	3.1 T(T)						Change	Addition
NAME	NASH, MARTIN P			3.2 NAN							
STREET ADDRESS	1001 001112 11111			3.3 STREET ADDI 3.4. CITY-ST-ZI							
DITY-ST-ZIP	MIAMI FL		DELETE	3.4. CIT		T - ZIP	·····			Change	Addition
NAME			□ otten	4.1 HIL						orange	Last Madicality
STREET ADDRESS						ADORESS					
	l:			4.4 CIT							
CITY-ST-ZIP			☐ DELETE	5.1 TITI		1-711				Change	Addition
NAME				5.2 NAI							
CTOSST ADDRESS						*DOULGE					

14. I do hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earl; the I am an officer or director of the copy attended to the copy of the copy of

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-SY-ZIP

TITLE

NAME

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

128/97

FILED

Feb 05 1997 8:00am

Secretary of State

PGZ - [70]

Change Addition