


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90007 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000001972</b>					
1. Corporation Name <b>BISCAYNE WEST NEIGHBORHOOD ASSOC., INC.</b>					
Principal Place of Business 543 NE 76TH ST MIAMI FL 33138			Mailing Address PO BOX 530222 MIAMI FL 33153 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1993	
22 City & State		27 City & State		4. FEI Number 65-0437587	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PREVOST, STANLEY 543 NE 76TH ST MIAMI FL 33138			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME LOGAN, MILDRED			P PREVOST, STANLEY		
STREET ADDRESS 437 NE 75TH ST			534 NE 76TH ST		
CITY-ST-ZIP MIAMI FL			MIAMI FL		
TITLE <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LOGAN, W			VD		
STREET ADDRESS 437 NE 75TH ST X			LOGAN, MILDRED		
CITY-ST-ZIP MIAMI FL			437 NE 75TH ST		
TITLE <input checked="" type="checkbox"/> DELETE			2.2 NAME		
NAME LEGETTE, ROSE			2.3 STREET ADDRESS		
STREET ADDRESS 520 NE 75TH STREET			2.4 CITY-ST-ZIP		
CITY-ST-ZIP MIAMI FL			MIAMI FL		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME WILLIAMS, D			T/SEC		
STREET ADDRESS 500 NE 77TH ST			PREVOST, JANITA		
CITY-ST-ZIP MIAMI FL			543 NE 76TH ST		
TITLE <input checked="" type="checkbox"/> DELETE			3.2 NAME		
NAME 437 NE 75TH STREET X			3.3 STREET ADDRESS		
STREET ADDRESS MIAMI FL			3.4 CITY-ST-ZIP		
CITY-ST-ZIP MIAMI FL			MIAMI FL		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BARKER, ELSIE			4.2 NAME		
STREET ADDRESS 445 N E 71ST ST			4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL			4.4 CITY-ST-ZIP		
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99 305-758-2106

Date

Daytime Phone #

CR2E037 (11/98)