


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003087 (2) 1. Corporation Name BISCAYA BAY COALITION, INC.			
Principal Place of Business 11077 BISCAYNE BLVD PENTHOUSE MIAMI FL 33161		Mailing Address 11077 BISCAYNE BLVD PENTHOUSE MIAMI FL 33161	
2. Principal Place of Business 21 1800 NE 114 St Suite, Apt. #, etc. 22 # 1902 City & State 23 MIAMI-DADE FL Zip 24 33181		2a. Mailing Address 26 1800 NE 114 St Suite, Apt. #, etc. 27 # 1902 City & State 28 MIAMI-DADE FL Zip 29 33181	
3. Date Incorporated or Qualified 06/28/1995		4. FEI Number 65-0634178	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARESTY, JOEL M 11077 BISCAYNE BLVD PENTHOUSE MIAMI FL 33161		10. Name and Address of New Registered Agent 81 Name Barbara Schindler 82 Street Address (P.O. Box Number is Not Acceptable) 1800 NE 114 St # 1902 83 MIAMI-DADE 84 City FL 85 Zip Code 33181	
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 Barbara Schindler (NOTE: Registered Agent signature required when relisting) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARESTY, JOEL M	1.2 NAME	
STREET ADDRESS	11077 BISCAYNE BLVD PENTHOUSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRELLA, TONY	2.2 NAME	
STREET ADDRESS	CRICKETT CLUB 1800 NE 114TH ST APT 2202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	D PRESIDENT DIRECTOR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, BARBARA SCHINDLER	3.2 NAME	
STREET ADDRESS	CRICKETT CLUB 1800 NE 114TH ST # 1902	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. MORTON ROSENBLUTH	4.2 NAME	
STREET ADDRESS	VICE-PRESIDENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	1111 BISCAYNE BLVD	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM COLEMAN	5.2 NAME	
STREET ADDRESS	1111 BISCAYNE BLVD MIAMI FL 33181	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	5.4 CITY-ST-ZIP	
TITLE	Society <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



CR2E037 (10/97)

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.

SIGNATURE:

Barbara Schindler

1/23/98 305 899-844