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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

3. Date Incorporated or Qualified: 06/28/1995  
4. FEI Number: 65-0634178  
Applied For: Not Applicable

2. Principal Place of Business: 21 1800 NE 114 St, Suite, Apt. #, etc. # 1902  
2a. Mailing Address: 26 1800 NE 114 St, Suite, Apt. #, etc. # 1902  
23. City & State: MIAMI-DADE FL  
24. Zip: 33181, Country: USA  
25. City & State: MIAMI-DADE FL  
26. Zip: 33181, Country: USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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: B1 Name: Barbara Schindler, B2 Street Address: 1800 NE 114 St # 1902, B3 MIAMI-DADE, B4 City: MIAMI, B5 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 re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ARESTY, JOEL M	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	11077 BISCAYNE BLVD PENTHOUSE	1.2 NAME:	
CITY-ST-ZIP:	MIAMI FL 33161	1.3 STREET ADDRESS:	
TITLE: PD	TRELLA, TONY	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CRICKETT CLUB 1800 NE 114TH ST APT 2202	2.1 TITLE:	
CITY-ST-ZIP:	MIAMI FL 33161	2.2 NAME:	
TITLE: D PRESIDENT DIRECTOR	SOYNOLER, BARBARA SCHINDLER	2.3 STREET ADDRESS:	
STREET ADDRESS:	CRICKETT CLUB 1800 NE 114TH ST # 1902	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	MIAMI FL 33181	3.1 TITLE:	
TITLE: DIRECTOR	DR. MORTON ROSEN BULTH	3.2 NAME:	
STREET ADDRESS:	VICE-PRESIDENT	3.3 STREET ADDRESS:	
CITY-ST-ZIP:	1111 BISCAYNE BLVD	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR	WILLIAM LEONARD	4.1 TITLE:	
STREET ADDRESS:	1111 Biscayne Ave	4.2 NAME:	
CITY-ST-ZIP:	MIAMI FL 33181	4.3 STREET ADDRESS:	
TITLE: Secy		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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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* 1/23/98 305 899-8411

CR2E037 (10/97)