2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90713 025 ****61.25

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1. Entity Name
THE BISCAYNE FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
2785 N.E. 183RD STREET AVENTURA, FL 33160	2785 N.E. 183RD STREET AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0602289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICOWDEN, MARIE A PH.D.
2785 N.E. 183RD STREET
AVENTURA, FL 33160

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAPLAN, LISA
STREET ADDRESS	2785 NE 183 ST
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	D
NAME	MILLER, MICHAEL
STREET ADDRESS	17071 WEST DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	D
NAME	DICOWDEN, MARIE A PH.D.
STREET ADDRESS	3610 YACHT CLUB DRIVE #1108
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie A. Dicowden, MD 4-29-04 305-932-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #