

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

• PROFIT CORPORATION • ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # N96000006343

1. Corporation Name

BISCAYNE BAY FOUNDATION, INC.

Principal Place of Business

Mailing Address

c/o Paul J. Schwiép, Esq. -same-
2699 South Bayshore Drive, Penthouse
Miami, FL 33133

3. Date Incorporated or Qualified 12/12/96
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0721852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Paul J. Schwiép, Esq.
2699 South Bayshore Drive, Penthouse
Miami, FL 33133

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	Matheson, Bruce	DELETED
STREET ADDRESS			4940 Sunset Drive	
CITY-STATE-ZIP			Miami, FL 33143	
TITLE	D	NAME	Munroe, Charles	DELETED
STREET ADDRESS			7641 S.W. 53rd Avenue	
CITY-STATE-ZIP			Miami, FL 33143	
TITLE	D/T	NAME	Schweip, Paul J.	DELETED
STREET ADDRESS			2699 S. Bayshore Drive, Penthouse	
CITY-STATE-ZIP			Miami, FL 33133	
TITLE	P/S	NAME	Moure, Edwin C.	DELETED
STREET ADDRESS			1024 Almeria Avenue	
CITY-STATE-ZIP			Coral Gables, FL 33134	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

000002175230
-05/12/97--01120--009
***165.00

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edwin Moure, President

4/29/97

305-447-4566

CR2E034 (9/96)