NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N96000006343 OCUMENT

BISCAYNE BAY FOUNDATION, INC.

rincipal Place of Business

% PAUL J. SCHWIEP. ESO. 2699 S. BAYSHORE DRIVE PENTHOUSE MIAMI FL 33133

Mailing Address

% PAUL J. SCHWIEP, ESQ. 2699 S. BAYSHORE DRIVE PENTHOUSE MIAMI FL 33133

FILED Sep 08, 1999 8:00 am § Secretary of State

09-08-1999 90006 039 ****61.25



		. Mailing Address		١ .	3. Date incorporated or Qualifed	
2964 Aviation Avenue 28 2964 Aviation				ve_	12/12/1996	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For Not Applicable	
# 300 27 300						
City & State Coconut Grove FL 28 Coconut Grove				<u></u>	5. Certificate of Status Desired	
Zip Country 33133 30 Country 33133 30 U					6. Election Campaign Financing \$5.00 May Be	
Zip 331	33 25 No Sil Made 29	33133 3	U U	SA	Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
81 1						
SCHWIEP, PAUL J ESQ.				82 Street Address (P.O. Box Number is Not Acceptable)		
2699 S. BAYSHORE DRIVE				83		
PENTHOUSE				1		
MIAMI FL 33133				City	FL 85 Zip Code	
1. 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 another provision'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.						
IGNATURE Stone to a printed three of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed heme of registered agent and title (applicable. (NOTE: Registered Agent signature) OFFICERS AND DIRECTORS 13.				in signature (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
i.	D	DELETE	1.1 TITLE		D T ☐ Change 🔀 Addition	
ME	MATHÈSON, BRUCE	V	1.2 NAME		Joel Blumenthal nu	
REET ADDRESS	4940 SUNSET DRIVE		1.3 STREE	T ADDRESS	255 Alhambra circle, PH	
Y-ST-ZIP			1.4 CITY-5	ST-ZNP	coral Gables FL 33134	
1E	DT DC	☐ DELETE	2.1 TITLE		D ☐ Change ☑ Addition	
ME	SCHWIEP, PAUL		2.2 NAME		Peter Rabbino	
REET ADDRESS	2699 S. BAYSHOR DR. PENTHOUS	E	2.3 STREE	T ADDRESS	1100 S. venetian way #28	
Y-ST-ZIP	1		2. 4 CITY-	ST-ZIP -	Miami- Fl. 33139	
LE	D	☐ DELETE	3.1 TITLE		P Change Addition	
ME	MUNROE, CHARLES 3.2 N		3.2 NAME		victor Dover Onver#1	
REET ADDRESS	ss 7641 S.W. 53RD AVE. 333 S		3.3 STREE	TADDRESS	5879 Sunset Dave, #1	
Y-ST-ZIP	MIAMI FL 33143		3.4. CITY-		miami, PL 33173	
LE	PS	☐ DELETE	4.1 TITLE		Tank E motos	
ME	EDWIN, MOURE C		4. 2 NAME		Jose Fuentes 15519 Miami Lake Way N	
REET ADDRESS	1024 ALMERIA AVENUE		4.3 STREE	TADDRESS	15517 MIGHT WAR 1 33014	
Y-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-5	T-ZIP	Miami Lakes FL 33014	
u£		☐ DELETE	5.1 TITLE		ciyde Butcher	
WE			5.2 NAME	7 40000000	1 = 11	
REET ADDRESS				T ADDRESS	Ochopee FL 33943	
Y-ST-ZIP		C3 nci etc	5.4 CITY-5 6.1 TITLE	91-ZIP	Clothan Watdition	
Æ		DELETE	6.1 TILE		D Change Maddin	
νE				TADDRESS	wolcott Henry NW Ste 200	
REET ADDRESS					washing ton DC 20007	
Y-ST-ZIP			6.4 CITY-5	1-41	MADALLIA 1011 DO STOOD I	

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, of on an attachment with an address, with all other like empowered.

IGNATURE: