
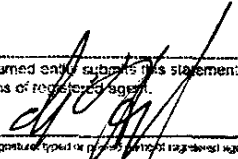
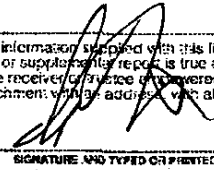


FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90058 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000152229			
1. Entity Name BISCAYA HOTEL, INC.			
Principal Place of Business 1910 ALTON RD MIAMI BEACH, FL 33139		Mailing Address 1910 ALTON RD MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0489182		Applies For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEMEL, DANIEL J 1558 NE 162 ST NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name: Hill, Ira Street Address (P.O. Box Number is Not Acceptable): 1910 Alton Road City: Miami Beach FL Zip Code: 33139	
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:	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDED/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Yitzhak Zweig	STREET ADDRESS: 1910 Alton Road
STREET ADDRESS: MIAMI BEACH, FL 33139	STREET ADDRESS: MIAMI BEACH, FL 33139	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Moris Taban	STREET ADDRESS: 1910 Alton Road
STREET ADDRESS: MIAMI BEACH, FL 33139	STREET ADDRESS: MIAMI BEACH, FL 33139	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Ira Hill	STREET ADDRESS: 1910 Alton Road
STREET ADDRESS: MIAMI BEACH, FL 33139	STREET ADDRESS: MIAMI BEACH, FL 33139	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Ira Hill	STREET ADDRESS: 1910 Alton Road
STREET ADDRESS: MIAMI BEACH, FL 33139	STREET ADDRESS: MIAMI BEACH, FL 33139	CITY-STATE-ZIP: MIAMI BEACH, FL 33139	
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:
STREET ADDRESS:	STREET ADDRESS:	CITY-STATE-ZIP:	CITY-STATE-ZIP:
FILE NAME: <input type="checkbox"/> Delete	FILE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:
STREET ADDRESS:	STREET ADDRESS:	CITY-STATE-ZIP:	CITY-STATE-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 10 or Block 11 if changed, or on an attachment, with the address, vice all other like empowered.			
SIGNATURE: 		DATE: 2/5/04 DAYPHONE: 305 134-7050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

94012481



02032004 Chg-P CR2E034 (10/03)