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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018351 (5)

1. Corporation Name
BISCAYNE MARKETING, INC.

Principal Place of Business
125 S.E. 1 AVE.
MIAMI FL 33131

Mailing Address
125 S.E. 1 AVE.
MIAMI FL 33131-1001

3. Date Incorporated or Qualified: **03/10/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **65-0402936** ☐ 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

CARVALHO, LUIZA
5750 COLLINS AVE.
#4A
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		1.1 TITLE	P ☒ Change ☐ Addition
P	☐ DELETE	1.2 NAME	JOAO SEDYCIAS
SEDYCIAS, JOAO		1.3 STREET ADDRESS	1775 WASHINGTON AVE APT 14C
7767 LA RIVERA DR. #20		1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
SACARAMENTO CA 95826			
VPT	☐ DELETE	2.1 TITLE	VPT ☒ Change ☐ Addition
CARVALHO, LUIZA		2.2 NAME	LUIZA CARVALHO
5750 COLLINS AVE.#4A		2.3 STREET ADDRESS	10000 WEST BAY HARBOR DR PH #1
MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP	BAY HARBOR FL 33154
VPS	☐ DELETE	3.1 TITLE	VPS ☒ Change ☐ Addition
SEDYCIAS, DINAMERICO		3.2 NAME	DINAMERICO SEDYCIAS
10000 WEST BAY #PH-1		3.3 STREET ADDRESS	10000 WEST BAY HARBOR DR PH #1
BAY HARBOR FL 33154		3.4 CITY-ST-ZIP	BAY HARBOR FL 33154
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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

SIGNATURE: _____ JOAO SEDYCIAS 3-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #