

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040638 (6)

1. Corporation Name

BISCAYNE AMERICAN FINANCIAL CORPORATION

Principal Place of Business

409 N.W. 10TH TERRACE
HALLANDALE FL 33009

Mailing Address

409 N.W. 10TH TERRACE
HALLANDALE FL 33009



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/15/1995

4. FEI Number

X APPLIED FOR 65-0502648 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

CHEVLIN, SANFORD Z
409 N.W. 10TH TERRACE
HALLANDALE FL 33009

81 Name **Touri Golochtchayor**
82 Street Address (P.O. Box Number is Not Acceptable)
10295 Collins ave a.211
83
84 City **Miami Beach** FL **33154**

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE **X Sanford Touri Golochtchayor**

Signature, typed or printed name of Registered Agent and title, if applicable

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUREVITCH, ILIA		1.2 NAME	
STREET ADDRESS	2 KRYMSKY VAL		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOSCOW, RUSSIA		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASONKO, MICHAEL		2.2 NAME	
STREET ADDRESS	24 LENINSKY PR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MOSCOW, RUSSIA		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVLIN, SANFORD Z		3.2 NAME	
STREET ADDRESS	409 N.W. 10TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **T. Golochtchayor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 1.96

Daytime Phone #

7115196

CR2E034 (12/95)