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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044558

1. Corporation Name

MARINA BISCAYNE PROPERTIES, INC.

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90010 006 \*\*\*150.00



	<u> </u>								
Principal Place of Business Mailing Address								10, 0,10, 12,, 121,	
6410 RIVIERA DRIVE CORAL GABLES FL 33146  6410 RIVIERA DRIVE CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE				
,						3. Date incorporated or Qualifed			
ļ						06/10/1994			
Principal Place of Business     2a. Mailing Address						4. FEI Number	1 /	Applied For	1
·	200 01 2224.000	26	.9 /			65-0500864	<del></del>	Not Applicable	1
21     26					_	\$8.75	5 Additional	1	
27					5. Certifcate of Status Desired	Fee	Required	}	
City & State City & State			<del></del>		6. Election Campaign Financing	\$5.0	<b>0</b> May Be	3-52	
23 28					Trust Fund Contribution	Adde	d to Fees	╛	
Zip	p Country Zip			Country		8. This corporation owes the current y		_	{
24 25 29 3			Щ_		Personal Property Tax.	☐Yes	No	1	
	9. Name and Address of Currer	nt Registered	Agent		1	10. Name and Address of New Regis	stered Agent		4
DAD	N. CHOAN C			81	Name				
RABIN, SUSAN C			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			7	
6805 TALAVERA STREET CORAL GABLES FL 33146				<u> </u>				4	
CON	AL CADLES FL 33146			83	1				1
}	•			84	City		85 Zi	p Code	1
		·····		ļ_	<u> </u>		FL   Co	ito registered	4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both in the State of Florida. Such change was authorized to the change was a change with the change was a change was a change with the change was a change was a change with the change was a change w					e-named co the corpora	rporation submits this statement for the purp tion's:board of directorsI hereby accept the	e appointment as	registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida					š	, ,	•		
SIGNATURE			Alore D				DATE		١.
12.	Signature, typed or printed name of registered age	NO DIRECTOR	<del>_</del>	13.	nt signature requ	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	1 3
TITLE	PD	DIRECTOR	[] DELETE	1.1 TITLE	<del></del>		Chang		1:
NAME	RABIN, MARTIN			1.2 NAME					
STREET ADDRESS	6410 RIVIERA DRIVE			1.3 STREE	TADDRESS				
C/TY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-S			•		
TITLE	VP	<del></del>	DELETE	2.1 TITLE			☐ Chang	e Addition	] (
NAME	RABIN, SUSAN C			2.2 NAME					
STREET ADDRESS	6410 RIVIERA DRIVE			2.3 STREE	TADDRESS				
CITY-ST-ZIP	-CORAL-GABLES FL-33146			2.4 CITY-	ST-ZIP-		<u> </u>	<u></u>	_
TITLE	ST		☐ DELETE	3.1 TITLE		•	☐ Chang	ge 🗌 Addition	-
NAME	RABIN, MARILYN			3.2 NAME	ļ				}
STREET ADDRESS	6410 RIVIERA DRIVE			3.3 STREE	TADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33146			3.4. CITY-	ST-ZIP				4
TITLE			DELETE	4.1 TITLE			Chang	je 🗍 Addition	1
NAME				4. 2 NAME					l
STREET ADDRESS	•			4.3 STREE	TADDRESS				
CITY-ST-ZIP			El on en	4.4 CITY-S	ST-ZIP				4
) mre	· . ·		☐ DELETE	5.1 TITLE	Ì		- Chang	je 🗌 Addition	1
NAME				5.2 NAME	TADDBECC		•		
STREET ADDRESS					TADDRESS				1
CITY-ST-ZIP			Cipelete	5.4 CITY-S 6.1 TITLE	51-4JP		☐ Chang	e Addition	1
TITLE			DELETE	6.2 NAME			c₁ang	- Managai	
NAME					T ADDRESS				
STREET ADDRESS									-
CITY ST-ZIP				6.4 CITY- 5	וי-גורי				1

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, with all other like empowered.

SIGNATURE: