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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000072831 (6)**

1. Corporation Name
D.S. BISCAYNE, INC.

Principal Place of Business
**200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131**

Mailing Address
**200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131-5312**



3. Date Incorporated or Qualified
09/03/1996

3a. Date of Last Report

4. FEI Number
65-6219848

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131**

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 Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SALUSSOLIA, PIERO**
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 4815**
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE **D/VP/T** ☐ Change ☒ Addition
1.2 NAME **SALUSSOLIA, PIERO**
1.3 STREET ADDRESS **200 S. Biscayne Blvd. Suite 4815**
1.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☐ DELETE
NAME **COWDEN, MARIE D**
STREET ADDRESS **3610 YACHT CLUB DR., APT. 1108**
CITY-ST-ZIP **AVENTURA FL 33180**

2.1 TITLE **D/P/S** ☐ Change ☒ Addition
2.2 NAME **DICOWDEN, MARIE**
2.3 STREET ADDRESS **3610 Yacht Club Dr., APT. 1108**
2.4 CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **AS** ☐ Change ☒ Addition
3.2 NAME **BOLOGNA, STEFANIA**
3.3 STREET ADDRESS **200 S. Biscayne Blvd. Suite 4815**
3.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 in this report or on an attachment with an address.

PIERO SALUSSOLIA

4/18/97

(305)373-7016

CR2E034 (9/96)