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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006363 (0)

BISCAYNE ASSOCIATED INDUSTRIES, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T I MODINGOL ALO PORME ENDAN MONIN MONIN DENIN DONIN		II <b>Da</b> aika d <b>ab</b> a
1070 EAST 5 HIALEAH FL			1070 EAST 52ND STREET HIALEAH FL 33013			DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified		
						01/16/1997		
			Mailing Address			4. FEI Number	Ar	plied For
21 26						65-0723465	····	ot Applicable
Suite, Apt.		27				5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	θ	City & Sta 28	44			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Ζip	Country		Zip Country			8. This corporation owes or has paid the current year latengible		
24	25 29 30						No	
	g. Name and Address of Cur	ent Registered Age	nt	61	Name	10. Name and Address of New Registers	M Agent	
	ING, RONALD A			"	малте			
1070 EAST 52ND STREET HIALEAH FL 33013				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
				63				
				84	City	F		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 bits if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		AND DIRECTORS	, , , , , , , , , , , , , , , , , , , ,	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOF	RS IN 12
TITLE	D	L	DELETE	1.1 TITLE			Change	Addition
NAME	LAING, RONALD A			1.2 NAME				
STREET ADDRESS	3301 S.W. 137TH AVE.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33027			1.4 CITY-S	T-ZIP			
TITLE			DELETE	2.1 TITLE			Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS	**		1
CITY-ST-ZIP			Topics:	2.4 CITY - 5	ST-ZIP		70	T Addition
TITLE		Ļ	] DELETE	3.1 TITLE			L Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP	<u> </u>		DELETE	3.4. CITY - S 4.1 TITLE	it-ZIP		Change	Addition
TITLE NAME		<b>L</b>	Jeclie	4.1 HILE 4. 2 NAME				
STREET ADDRESS				4.2 NAME	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S				
TITLE			DELETE	5.1 TITLE	., 2"		Change	Addition
NAME		<u></u>		5.2 NAME			·	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	~~			5.4 CITY-S	1			
TITLE			DELETE	6.1 TITLE	-		Change	Addition
NAME				6.2 NAME	ŀ			
STREET ADDRESS				6 3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-ZIP			
14. I hereby	certify that the information supplied	with this filing does	not qualify for the	ne exemp	tion stated i	n Section 119.07(3)(i), Florida Statutes. I further	r certify that the	information

inual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in soft with an address.

305 688-7663