

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S21939** (1)

1. Corporation Name:
BISCAYNE ASSOCIATES, INC.



Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified 12/24/1990	3a. Date of Last Report 03/16/1995
4. FET Number 65-0236146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**GARS, IRWIN S.
2665 SOUTH BAYSHORE DRIVE
SUITE ,-103
COCONUT GROVE FL 33133**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits the 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. The entity accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARS, IRWIN S.	
STREET ADDRESS	2665 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ASKOWITZ, GERALD (DR.)	
STREET ADDRESS	1442 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WEISELBERG, JOSEPH	
STREET ADDRESS	9990 S.W. 77TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENARD, HOWARD B.	
STREET ADDRESS	18011 N.E. 19TH AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 19.07(3)(b), 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 promoter or trustee employed for execution thereof and reported by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if omitted or of an officer or director with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)