

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/24/1990

21. Principal Place of Business 3225 AVIATION AVE	2a. Mailing Address 3225 Aviation Ave
22. Suite, Apt. #, etc. SUITE 700	27. Suite, Apt. #, etc. Suite 700
23. City & State COCONUT GROVE FL	28. City & State COCONUT GROVE, FL
24. Zip 33133	29. Zip 33133
25. Country USA	30. Country USA

4. FEI Number
65-0236146

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GARS, IRWIN S.
~~2665 SOUTH BAYSHORE DRIVE~~
~~SUITE M-103~~
~~COCONUT GROVE FL 33133~~

10. Name and Address of New Registered Agent

81. Name GARS, Irwin S.
82. Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE
83. SUITE 700
84. City COCONUT GROVE
85. State FL
86. Zip Code 33133

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]* DATE **4/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE D.P. GARS, Irwin S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARS, IRWIN S.		1.2 NAME	
STREET ADDRESS 2665 S. BAYSHORE DR.		1.3 STREET ADDRESS 3225 AVIATION AVE, SUITE 700	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASKOWITZ, GERALD (DR.)		2.2 NAME	
STREET ADDRESS 1442 BISCAYNE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISELBERG, JOSEPH		3.2 NAME Weiselberg, Joseph	
STREET ADDRESS 9990 S.W. 77TH AVE., SUITE 217		3.3 STREET ADDRESS 9990 SW 77th Ave., Suite #217	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33176	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LENARD, HOWARD B.		4.2 NAME Lenard, Howard B.	
STREET ADDRESS 18011 N.E. 19TH AVE		4.3 STREET ADDRESS 3225 Aviation Ave, Suite 700	
CITY-ST-ZIP N. MIAMI BEACH FL		4.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
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 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.

SIGNATURE *[Signature]* DATE **4/16/98** **305-5854-666**

CR2E034 (10/97)