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

FILED PROFIT May 06 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) **BISCAYNE AMERICA COMPANY** Mailing Address Principal Place of Business 9401 SW 78 ST. 9401 SW 78 ST. MIAMI FL 33173 **MIAMI FL 33173** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1992 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 65-0330259 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name REYNOLDS-BOTWIN, VIRGINIA 9401 SW 78 ST Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33173 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, Change Addition DELETE 1.1 TITLE TITLE REYNOLDS-BOTWIN, VIRGINIA 12 NAME NAME 9401 SW 78 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **BOTWIN, DALE** 2.2 NAME NAME 9401 SW 78 ST 2.3 STREET ADDRESS STREET ADDRESS **MIMAI FL** 2.4 CITY - ST-ZIP CRY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME

4-27-98

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

64 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 of supplicmental 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 pocitive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305-274-7297