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

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V36825 (0)BISCAYNE COAST INVESTMENTS, INC. Principal Place of Business Mailing Address 9885 NW 79TH AVE OCOS NAV POTH AVE DO NOT WRITE IN THIS SPACE HALSAH-GARDEN FL 33016 GARDEN FL 33016 3. Date Incorporated or Qualified 05/18/1992 Principal Place of Business. Applied For 340 NW 1615 FST 5340 NU 65-0333090 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name RYDZ, ABRAHAM 330 RIDGEWOOD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 32016** Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition DELETE TITLE 1.1 TITLE RYDZ, ABRAHAM 1.2 NAME NAME SCOO NW TO AVE STREET ADDRESS 1.3 STREET ADDRES HIALEAH GARDEN FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE BATTLE, JOSE 22 NAME NAME STREET ADDRESS 9000 NW 70 XVE 2.3 STREET ADDRESS HIALEAN GARDEN FL CITY-ST-ZIP 2 4 City-St-ZiP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-S1-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 truster enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

**FILED**