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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **V64594** 

(7)

BISCAYNE CONSTRUCTION AND RESTORATION, INC.

Principal Place of Business Mail

Mailing Address



2019 WILSON HOLLYWOOD		2019 WILSON ST HOLLYWOOD FL 330	2019 WILSON ST HOLLYWOOD FL 33020				
					<ol> <li>Date Incorporated or Qualified 09/17/1992</li> </ol>	3a. Date of Last 04/27/	1995
2. Principal Plac	ce of Business	2a. Mailing Address	Но	1140001	4. FEI Number		Applied For
21 2019 N	ILSON ST-Halywood.	FL 26 2019 WILSON	ST. FL	33020	65-0358393		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under	s 199.032,
24	25	29	30			. □ No	
	9. Name and Address of Curr	ent Registered Agent	<del>' '  </del>		10. Name and Address of New F	legistered Agent	
			81	Name			
LUIS, MARLON 2019 WILSON ST HOLLYWOOD FL 33020			82	Street Address (P.O. Box Number is Not Acceptable)			
			63				
			84	City		FL 85	Zip Code
or registere familiar with	diagent, or both, in the State of Flin, and accept the obligations of Stagens are, types or protect times of registered as	orida: Such change was authorizantion 607,0505, Florida Statutes	red by the corp s.	oration's boar	ation submits this statement for the puid of directors. Thereby accept the app	ointment as register	ed agent. I am
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	FORS IN 12
TITLE	D	DELETE	1. 1 T:TLE			☐ Chang	e 🔲 Addition
NAME	LUIS, MARLON		1.2 NAME				
STREET ADDRESS	2019 WILSON ST		13 STREE	I ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL	141		S7-7-P			
TITLE		☐ DELETE	2 1 THILE			Chang	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREE	T ADDRESS			
CITY-ST-ZIP			24 CITY	ST-ZIP			
TITLE		☐ DELETE	3 1 1111 6			Chang	e 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STAF	FI ADDRESS			
CITY-ST-ZIP			3 4 CITY -	ST-ZIP			
TITLE		☐ DELETE	4 1 TiTLE			Cnanç	e 🗀 Addition
NAME			4 2 NAME	1			
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY - ST - ZIF			4.4 CHTY	ST-ZIP			<u></u>
TITLE		DELETE	5 111116			☐ Chang	e 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREE	1 ADDRESS			
CIFY-ST-ZIF			5.4 CHY-	ST-209			
TITLE		☐ DELETE	6 1 TITLE			Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	t address			
CITY ST. 7ID			6.4 CITY -	ST-Z:P			
14. I do hereb	y certify that the information supplie	ed with this fring is voluntarily fur	nished and do	es not qualify f	or the exemption stated in Section 119	9.07(3)(k), Florida Sta	itutes. I further

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE CONDUCCTOR OF THE STOLE OF THE

4/3/96

(954) 922-4935

CR2E034 (12/95)