FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # V64879 **(2)**

1. Corporation Name
13499 BISCAYNE BOULEVARD, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM P. MCCAUGHAN 80 SW 8 ST S2803 MIAMI FL 33130 US	C/O WILLIAM MCCAUGHAN 80 SW 8TH STREET, SUITE 2803 MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **11-3127017** ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCAUGHAN WILLIAM P
80 SW 8TH STREET SUITE 2803
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	CASSIN, RICHARD
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY
TITLE	D
NAME	FREEL, JAMES T.
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY
TITLE	D
NAME	MASCIS, MURRAY F.
STREET ADDRESS	EAB-PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY
TITLE	P
NAME	POZZI, ANTHONY A.
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY
TITLE	VAS
NAME	NEUNER, WILLIAM N
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY
TITLE	V
NAME	LOMONACO, JOSEPH
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FLOOR
CITY ST ZIP	UNIONDALE NY 11556-0123

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400001401594
-05/09/95--01117--017
****200.00 ****200.00

(Blocks 1–6: TITLE / NAME / STREET ADDRESS / CITY ST ZIP — ☐ Change ☐ Addition — left blank)

488
5/6/95

14. I do hereby certify that the information supplied with this filing 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 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] President   4/24/95   516 745 2302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0126985 CP

(2)

Document No V64879

(FL Corporation Annual Report 1995 Continued)

13499 Biscayne Boulevard, Inc.

TITLE	V
NAME	MARTIN N. LIFSCHUTZ
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	V
NAME	MARY ELLEN TROY
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	S
NAME	DANIEL P. GRIPPO
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	Assistant Secretary
NAME	LINDA FLOOD
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	Assistant Secretary
NAME	ANDREA J. MUELLER
STREET ADDRESS	EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556
TITLE	T
NAME	THOMAS W. ALEXANDERSON
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP	UNIONDALE, NY 11556