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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707581

1. Corporation Name

BISCAYNE LAKE GARDENS BUILDING "J" INC.

Principal Place of Business

20200 NE 27 CT.
MIAMI FL 33180

Mailing Address

20200 NE 27 CT.
MIAMI FL 33180

530237-90089-3



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26 2865 NE 201 Terr.

07/14/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-1235863

Applied For

Not Applicable

22

27

City & State

City & State
Aventura, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

33180

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARABIA, DEBORAH
20200 NE 27 CT
MIAMI FL 33180

81 Name
Leyda D. Freeman

82 Street Address (P.O. Box Number is Not Acceptable)
2825 NE 201 Terr.M-214

83

84 City
Aventura

FL

85 Zip Code
33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leyda D. Freeman

Leyda D. Freeman

2/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STOTE, A.J. | |
| STREET ADDRESS | 20220 NE 27 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ARABIA, DEBORAH | |
| STREET ADDRESS | 20200 NE 27 CT. | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DURAN, LEYDA | |
| STREET ADDRESS | 20220 NE 27 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GONZALEZ, NANCY | |
| STREET ADDRESS | 20200 NE 27 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DZUBANNAYA, REGINA | |
| STREET ADDRESS | 20200 NE 27 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | STOTE, A.J. | |
| 1.3 STREET ADDRESS | 20220 NE 27 CT | |
| 1.4 CITY-ST-ZIP | Aventura, FL 33180 | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Irene M. Monahan | |
| 2.3 STREET ADDRESS | 20200 NE 27th CT, J-12A | |
| 2.4 CITY-ST-ZIP | Aventura, FL 33180 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Duran, Leyda | |
| 3.3 STREET ADDRESS | 2825 NE 201 Terr. M-214 | |
| 3.4 CITY-ST-ZIP | Aventura, FL 33180 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leyda D. Freeman 2/16/99 305-931-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)