

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

FILED

95 JUN 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39832** (3)
1. Corporation Name
1,000 BISCAYNE, INC.

Principal Place of Business Mailing Address
3900 GALT OCEAN DRIVE
APARTMENT 906
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **05/29/1992** 9a. Date of Last Report **08/04/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

4. FEI Number **65-0341475** Applied For
Not Applicable

22. City & State 27. City & State

5. Certificate of Status Desired \$8.75 Additional
Fee Required

23. Zip Country 28. Zip Country

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

24. 25. 29. 30.

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ATZMON, SARA
3900 GALT OCEAN DRIVE
APARTMENT 906
FORT LAUDERDALE FL 33308

10. Name and Address of Now Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City **FL** 05. 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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ATZMON, ABRAHAM
STREET ADDRESS	3900 GALT OCEAN DR, APT 906
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	S
NAME	ATZMON, SARA
STREET ADDRESS	3900 GALT OCEAN DR, APT 906
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or 13, as applicable, or on an attachment with an address.

SIGNATURE:

Abraham Atzmon

1-18-95

ABRAHAM ATZMON

(Signature and typed or printed name of signing officer or director)

Date

Myself (Type 8)