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1994 Annual Report

Filed on 5-1-94

2pgs

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

APPROVED AND FILED

94 MAY -1 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1994**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 822123 (6)**

**1. Corporation Name**  
BURNIP & SMS INC.

**2. Mailing Address**  
1 NORTH UNIV DR  
PO BOX 15090  
PLANTATION FL 33324  
US

**Principal Place of Business**  
1 NORTH UNIV DR  
P.O. BOX 15090  
PLANTATION FL 33324  
US

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**  
12/27/1988

**3a. Date of Last Report**  
04/27/1993

**4. FEI Number**  
59-1259279

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

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

**7. Nonprofit Exempt from \$138.75 Supplemental Fee**

**8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes**  Yes  No

**2. Mailing Address**  
21 8600 N.W. 36th Street  
22 8th Floor  
23 Miami FL

**2a. Principal Place of Business**  
26 8600 N.W. 36th Street  
27 8th Floor  
28 Miami FL

**29. Zip** 33166 **30. Country** US

**9. Name and Address of Current Registered Agent**  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

**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 607.0602 and 607.1508 of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its principal 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 in accordance with and subject to the provisions of Section 607.0605 or 617.0605, Florida Statutes.**

DATE \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

17 TITLE	P/D
18 NAME	CAPORELLA, MICK A.
19 STREET ADDRESS	1 NORTH UNIVERSITY DRIVE
20 CITY, ST, ZIP	PLANTATION FL
21 TITLE	V/S
22 NAME	MADDEN, MARGARET H.
23 STREET ADDRESS	1 N. UNIVERSITY DRIVE
24 CITY, ST, ZIP	PLANTATION FL
25 TITLE	<del>WILLIAM</del>
26 NAME	MORSE
27 STREET ADDRESS	1 N. UNIVERSITY DRIVE
28 CITY, ST, ZIP	PLANTATION FL
29 TITLE	V
30 NAME	GRANT, EDWARD E.
31 STREET ADDRESS	1 N. UNIVERSITY DRIVE
32 CITY, ST, ZIP	PLANTATION FL
33 TITLE	V
34 NAME	BRACKEN, GEORGE R.
35 STREET ADDRESS	1 N. UNIVERSITY DRIVE
36 CITY, ST, ZIP	PLANTATION FL
37 TITLE	D
38 NAME	HATHORN SAMUEL C
39 STREET ADDRESS	1 N. UNIVERSITY DRIVE
40 CITY, ST, ZIP	PLANTATION FL

**13. CHANGES TO OFFICERS AND DIRECTORS R# 12**

41 TITLE	P/D
42 NAME	Jorge Mas
43 STREET ADDRESS	8600 N.W. 36th Street, 8th Floor
44 CITY, ST, ZIP	Miami, FL 33166
45 TITLE	V
46 NAME	Ismael Parera
47 STREET ADDRESS	8600 N.W. 36th Street, 8th Floor
48 CITY, ST, ZIP	Miami, FL 33166
49 TITLE	V
50 NAME	Carlos Valdes
51 STREET ADDRESS	8600 N.W. 36th Street, 8th Floor
52 CITY, ST, ZIP	Miami, FL 33166
53 TITLE	S
54 NAME	Nancy Damon
55 STREET ADDRESS	8600 N.W. 36th Street, 8th Floor
56 CITY, ST, ZIP	Miami, FL 33166
57 TITLE	D
58 NAME	Cecil D. Conke
59 STREET ADDRESS	8600 NW 36th Street 18th Floor
60 CITY, ST, ZIP	Miami, FL 33166
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

**14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 19.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This is subject to all obligations concerning annual reports imposed by Chapter 19, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee; and that I am authorized to execute this report as required by Section 607.0605 or 617.0605, Florida Statutes, and that if my name appears in Block 12 or Block 13 it changed, or on an attachment, I am the address.**

**SIGNATURE:** *Nancy Damon* **Nancy Damon** **3-31-94** **305-599-1800**

**Signature and Print Name of Signing Officer or Director**

**Com # P006 9/15 597**