

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 839853 (9)

1. Corporation Name
BURNUP & SIMS ENTERPRISES, INC.



Principal Place of Business
**8600 NW 36TH STREET
8TH FLOOR
MIAMI FL 33166
US**

Mailing Address
**8600 NW 36TH STREET
8TH FLOOR
MIAMI FL 33166-6648
US**

3. Date Incorporated or Qualified
01/19/1978

3a. Date of Last Report
04/24/1996

2. Principal Place of Business
21 **3/55 NW 77th Ave**

2a. Mailing Address
26 **3/55 NW 77th Ave**

4. FEI Number
59-1799504

Applied For
 Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Miami FL

28 City & State
Miami FL

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

24 Zip **33122** 25 Country **US**

29 Zip **33122** 30 Country **US**

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MAS, JORGE	
STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAMON, NANCY	
STREET ADDRESS	8600 NW 36TH STREET, 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VALDES, CARLOS A	
STREET ADDRESS	8600 NW 36TH ST 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERERA, ISMAEL	
STREET ADDRESS	8600 NW 36TH STREET 8TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3/55 NW 77th Ave
14 CITY - ST - ZIP	MIAMI FL 33122
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3/55 NW 77th Ave
24 CITY - ST - ZIP	MIAMI FL 33122
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	3/55 NW 77th Ave
34 CITY - ST - ZIP	MIAMI FL 33122
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3/55 NW 77th Ave
44 CITY - ST - ZIP	MIAMI FL 33122
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy J. Damon* **Nancy J. Damon 1997** **305-599-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)