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 MAR -7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M21626 (0)

1. Corporation Name
B F T CORP.

Principal Place of Business
C/O JOHN A. MARGOLIS
9040 SUNSET DRIVE, STE.40
MIAMI FL 33173

Mailing Address
C/O JOHN A. MARGOLIS
9040 SUNSET DRIVE, STE.40
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21: 9990 SW 77th Avenue	2a. Mailing Address 26: 9990 S.W. 77th Avenue
Suite, Apt. #, etc. 22: Suite 330	Suite, Apt. #, etc. 27: Suite 330
City & State 23: Miami, FL	City & State 28: Miami, FL
Zip 24: 33156-2699 / Country 25: Dade	Zip 29: 33156-2699 / Country 30: Dade

3. Date Incorporated or Qualified: 10/07/1985
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2599467 ☐ 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

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A.
9040 SUNSET DRIVE
STE.40
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: John A. Margolis
82 Street Address (P.O. Box Number is Not Acceptable): Suite 330
83: 9990 S.W. 77th Avenue
84 City: Miami, FL 85 Zip Code: 33156-2699

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARGOLIS, JOHN A.	1.2 NAME	
STREET ADDRESS	9040 SUNSET DR., STE.40	1.3 STREET ADDRESS	Suite 330, 9990 S.W. 77th Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156-2699
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 — 3/1/95 — 305/595-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0188593 CP