

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 JAN 23 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M46904** (2)

1. Corporation Name
BMI FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address
2525 S.W. 27TH AVENUE SUITE 105 MIAMI FL 33133
2525 S.W. 27TH AVENUE SUITE 105 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 01/26/1994
4. FEI Number 59-2787441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DUNCAN, ROSARIO P.
2525 S.W. 27TH AVENUE
SUITE 300
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERNANDEZ-SILVA, HENRY
STREET ADDRESS	2525 SW 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	VELEZ, CARLOS G
STREET ADDRESS	2525 SW 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CORNIDE, MANUEL
STREET ADDRESS	2525 SW 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	FO, D
NAME	GARCIA, PAUL A.
STREET ADDRESS	2525 S.W. 27TH AVE, #100
CITY-ST-ZIP	MIAMI FL
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	D, C and CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIERRA, ANTONIO M.	
1.3 STREET ADDRESS	2525 S.W. 27th Ave. #100	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PELLETIERE, LEONARD J.	
2.3 STREET ADDRESS	2600 Douglas Road #302	
2.4 CITY-ST-ZIP	Coral Gables, FL	
3.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUNCAN, ROSARIO P.	
3.3 STREET ADDRESS	2525 S.W. 27th Ave. #100	
3.4 CITY-ST-ZIP	Miami, FL 33133	
4.1 TITLE	CFO and D	<input checked="" 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)(b), 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 887, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul A Garcia* **PAUL A GARCIA** C.F.O. **1/17/95** (305) 258-5540
Signature, typed or printed name of signing officer or director