

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M46904** (2)

1. Corporation Name
BMI FINANCIAL GROUP, INC.



Principal Place of Business

2525 S.W. 27TH AVENUE
SUITE 105
MIAMI FL 33133

Mailing Address

2525 S.W. 27TH AVENUE
SUITE 105
MIAMI FL 33133

3. Date Incorporated or Qualified: **02/19/1987**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2600 Douglas Rd.**
State, Apt. #, etc.

26 **2600 Douglas Rd.**
Suite, Apt. #, etc.

22 **Suite #410**
City & State

27 **Suite #410**
City & State

23 **Coral Gables FL 33134**
Zip Country

28 **Coral Gables FL 33134**
Zip Country

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number: **59-2787441**
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

10. Name and Address of New Registered Agent

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

81 Name: **Rosario P. Duncan, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **2600 Douglas Rd.**
83 **Suite #410**
84 City: **Coral Gables FL** 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Sections 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	D	<input type="checkbox"/> DELETE	1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FERNANDEZ-SILVA, HENRY		2. NAME	FERNANDEZ-SILVA, HENRY	
3. STREET ADDRESS	2525 SW 27TH AVE.		3. STREET ADDRESS	2600 Douglas Rd, #410	
4. CITY, ST, ZIP	MIAMI FL		4. CITY, ST, ZIP	Coral Gables FL 33134	
5. TITLE	D	<input type="checkbox"/> DELETE	5. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	VELEZ, CARLOS G		6. NAME	VELEZ, CARLOS G.	
7. STREET ADDRESS	2525 SW 27TH AVE.		7. STREET ADDRESS	2600 Douglas Rd. #410	
8. CITY, ST, ZIP	MIAMI FL		8. CITY, ST, ZIP	Coral Gables FL 33134	
9. TITLE	D	<input type="checkbox"/> DELETE	9. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	CORNIDE, MANUEL		10. NAME	CORNIDE, MANUEL	
11. STREET ADDRESS	2525 SW 27TH AVE.		11. STREET ADDRESS	2600 Douglas Rd., #410	
12. CITY, ST, ZIP	MIAMI FL		12. CITY, ST, ZIP	Coral Gables, FL 33134	
13. TITLE	CFOD	<input type="checkbox"/> DELETE	13. TITLE	D, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	GARCIA, PAUL A.		14. NAME	GARCIA, PAUL A.	
15. STREET ADDRESS	2525 S.W. 27TH AVE, #100		15. STREET ADDRESS	2600 Douglas Rd. #410	
16. CITY, ST, ZIP	MIAMI FL		16. CITY, ST, ZIP	Coral Gables FL 33134	
17. TITLE	DC	<input type="checkbox"/> DELETE	17. TITLE	D,C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	SIERRA, ANTONIO M.		18. NAME	SIERRA, ANTONIO M.	
19. STREET ADDRESS	2525 S.W. 27TH AVE. #100		19. STREET ADDRESS	2600 Douglas Rd. #410	
20. CITY, ST, ZIP	MIAMI FL		20. CITY, ST, ZIP	Coral Gables FL 33134	
21. TITLE	DP	<input type="checkbox"/> DELETE	21. TITLE	D,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	PELLETIERE, LEONARD J		22. NAME	DUNCAN, ROSARIO P.	
23. STREET ADDRESS	2600 DOUGLAS RD. #302		23. STREET ADDRESS	2600 Douglas Rd. #410	
24. CITY, ST, ZIP	CORAL GABLES FL		24. CITY, ST, ZIP	Coral Gables FL 33134	

14. I 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: **ANTONIO M. SIERRA** 1/24/96 (305) 529-9945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)