

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M46904 (2)**

1. Corporation Name  
**BMI FINANCIAL GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2600 DOUGLAS RD SUITE 410 CORAL GABLES FL 33134 US</b>	Mailing Address <b>2600 DOUGLAS RD SUITE 410 CORAL GABLES FL 33134 US</b>
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3. Date Incorporated or Qualified  
**02/19/1987**

2. Principal Place of Business 21 <b>1320 S. Dixie Hwy</b> Suite, Apt. #, etc. 22 <b>Sixth Floor</b> City & State 23 <b>Coral Gables, FL 33146</b> Zip Country	2a. Mailing Address 26 <b>1320 S. Dixie Hwy.</b> Suite, Apt. #, etc. 27 <b>Sixth Floor</b> City & State 28 <b>Coral Gables, FL 33146</b> Zip Country
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4. FEI Number  
**59-2787441**

Applied For  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DUNCAN, ROSARIO P.  
2600 DOUGLAS RD  
SUITE 410  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1320 S. Dixie Highway, Sixth Floor**  
83  
84 City  
**Coral Gables, FL** 85 Zip Code  
**33146**

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ-SILVA, HENRY</b>	1.2 NAME	
STREET ADDRESS	<b>2600 DOUGLAS RD</b>	1.3 STREET ADDRESS	<b>1320 S. Dixie Hwy., Sixth Floor</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELEZ, CARLOS G</b>	2.2 NAME	
STREET ADDRESS	<b>2600 DOUGLAS RD</b>	2.3 STREET ADDRESS	<b>1320 S. Dixie Hwy., Sixth Floor</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNIDE, MANUEL</b>	3.2 NAME	
STREET ADDRESS	<b>2600 DOUGLAS RD</b>	3.3 STREET ADDRESS	<b>1320 S. Dixie Hwy., Sixth Floor</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
TITLE	<b>CFOD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, PAUL A.</b>	4.2 NAME	<b>SD</b>
STREET ADDRESS	<b>2600 DOUGLAS RD</b>	4.3 STREET ADDRESS	<b>DUNCAN, ROSARIO P.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	<b>1320 S. Dixie Hwy. Sixth Floor</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIERRA, ANTONIO M.</b>	5.2 NAME	
STREET ADDRESS	<b>2600 DOUGLAS RD</b>	5.3 STREET ADDRESS	<b>1320 S. Dixie Hwy., Sixth Floor</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELLETIERE, LEONARD J</b>	6.2 NAME	
STREET ADDRESS	<b>2600 DOUGLAS RD. #302</b>	6.3 STREET ADDRESS	<b>1320 S. Dixie Hwy., Sixth Floor</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>

14. I 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 \_\_\_\_\_ DATE **2/2/98** (305) 668-5100

CR2E034 (10/97)