SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M65057** **(5)**

1. Corporation Name
BMC DEVELOPMENT AT CYPRESS HEAD, INC.

Principal Place of Business	Mailing Address
29 SW 36TH COURT 29 SW 36TH COURT MIAMI FL 33135 US	29 S.W. 36TH COURT 29 SW 36TH COURT MIAMI FL 33135 US

3. Date Incorporated or Qualified: 01/15/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 3399 Ponce de Leon Blvd.
Suite, Apt #, etc
22 Suite 104
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 3399 Ponce de Leon Blvd.
Suite, Apt #, etc
27 Suite 104
City & State
28 Coral Gables, Florida
Zip 29 33134 Country 30 USA

4. FEI Number: 65-0050282 ☐ 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

VALLE, ALBERTO
29 SW 36TH COURT
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3399 PONCE DE LEON BLVD.
83 SUITE 104
84 City CORAL GABLES, FL 85 Zip Code 33134

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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	GARCIA, ALFONSO		12 NAME		
STREET ADDRESS	29 S.W. 36TH CT.		13 STREET ADDRESS	3399 PONCE DE LEON BLVD. SUITE 104	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	VP	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	VALLE, ALBERTO		22 NAME		
STREET ADDRESS	29 S.W. 36TH COURT		23 STREET ADDRESS	3399 PONCE DE LEON BLVD. SUITE 104	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	D	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	LABARTINO, VINCENZO		32 NAME		
STREET ADDRESS	29 SW 36TH CT.		33 STREET ADDRESS	3399 PONCE DE LEON BLVD. SUITE 104	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	T	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	CALDERON-FLORES, PURA		42 NAME		
STREET ADDRESS	29 SW 36TH CT		43 STREET ADDRESS	3399 PONCE DE LEON BLVD. SUITE 104	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/31/96 305-443-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERTO VALLE