

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000040692 (2)

1. Corporation Name  
**BOMI, INC.**



Principal Place of Business: C/O SAKOWITZ & SAKOWITZ, CHARTERED, 1111 KANE CONCOURSE, SUITE 401, BAY HARBOR ISLANDS FL 33154  
Mailing Address: C/O SAKOWITZ & SAKOWITZ, CHARTERED, 1111 KANE CONCOURSE, SUITE 401, BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 05/22/1995  
3a. Date of Last Report: [blank]  
4. FEI Number: 65-0585093  
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 [x] No

2. Principal Place of Business: 21 [blank], 22 Suite, Apt. #, etc.: [blank], 23 City & State: [blank], 24 Zip: [blank], 25 Country: [blank]  
2a. Mailing Address: 26 17111 NE 11 AVE., 27 Suite, Apt. #, etc.: [blank], 28 N. MIAMI BEACH, FL, 29 Zip: 33162, 30 Country: USA

g. Name and Address of Current Registered Agent  
**SADOWITZ, ALAN**  
111 KANE CONCOURSE  
SUITE 401  
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent  
81 Name: [blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [blank]  
83 [blank]  
84 City: [blank], 85 Zip Code: FL [blank]

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: [blank]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FERNANDEZ, ROXANNE	
STREET ADDRESS	3238 MCKINLEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	DELETE
NAME	DEMSKY, YVONNE	
STREET ADDRESS	19712 BOCA GREENS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	DELETE
NAME	WEISS, LINA	
STREET ADDRESS	17111 N.E. 11TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	DELETE
NAME	IZSACK, VIVIAN	
STREET ADDRESS	465 OCEAN DRIVE, APARTMENT #402	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	[blank]	DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	
TITLE	[blank]	DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SECRETARY	Change	Addition
12 NAME	[blank]		
13 STREET ADDRESS	[blank]		
14 CITY-ST-ZIP	[blank]		
21 TITLE	PRESIDENT	Change	Addition
22 NAME	[blank]		
23 STREET ADDRESS	[blank]		
24 CITY-ST-ZIP	[blank]		
31 TITLE	[blank]	Change	Addition
32 NAME	[blank]		
33 STREET ADDRESS	[blank]		
34 CITY-ST-ZIP	[blank]		
41 TITLE	VICE PRESIDENT	Change	Addition
42 NAME	[blank]		
43 STREET ADDRESS	[blank]		
44 CITY-ST-ZIP	[blank]		
51 TITLE	[blank]	Change	Addition
52 NAME	[blank]		
53 STREET ADDRESS	[blank]		
54 CITY-ST-ZIP	[blank]		
61 TITLE	[blank]	Change	Addition
62 NAME	[blank]		
63 STREET ADDRESS	[blank]		
64 CITY-ST-ZIP	[blank]		

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] YVONNE DEMSKY, 4/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
305-652-4763

CR2E034 (12/95)