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

APPROVED AND FILED
95 APR 26 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54122 (9)

1. Corporation Name
BMC GALLERIA CORP.

Principal Place of Business	Mailing Address
~~701 BRICKELL AVE — STE 1600 — MIAMI FL 33131 — US —~~	~~701 BRICKELL AVE — STE 1600 — MIAMI FL 33131 — US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1992	05/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt., etc. 22: 6001 Broken Sound Parkway NW. Suite 408	Suite, Apt., etc. 27: 6001 Broken Sound Parkway NW. Suite 408
City & State 23: Boca Raton FL 33487	City & State 28: Boca Raton FL 33487
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number: 65-0346303 ☐ 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
BELLESTAR MANAGEMENT CORP. 6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 BOCA RATON FL 33487	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~S~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~HUDSON, ROBERT F. JR.~~	1.2 NAME	
STREET ADDRESS	~~701 BRICKELL AVE, STE 1600~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	
TITLE	~~AS~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BARRETT, JAMES H.~~	2.2 NAME	
STREET ADDRESS	~~701 BRICKELL AVE, STE 1600~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	
TITLE	P.	3.1 TITLE	☐ Change ☐ Addition
NAME	JEAN BLANCHARD	3.2 NAME	
STREET ADDRESS	6001 Broken Sound Parkway NW Suite 408	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 4-17-95 (407)994-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0128403 CP