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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011693 (4) 1. Corporation Name B.F.M. SERVICES, INC. Principal Place of Business Mailing Address 13278 N.W. 5TH ST. 13278 N.W. 5TH ST.							
PLANTATION FL 33325 PLANTATION FL 33325-21			2100				
					3. Date Incorporated or Qualified 02/06/1996	3a. Date of Last I	Report
2. Principal Place of Businoss 2a. Mailing Address					4 FELNumber	T-TA	pplied For
21 26					~ 65-0639042		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional leguired
City & Stat	0	City & State	······································		6. Election Campaign Financing		
-, '		28			Trust Fund Contribution		May Be I to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for		
24	25	29	30		Florida Statutes	☐ Yes 🔀 No	
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	egistered Agent	
	ZO, JORGE		81	Name			
3801 S. OCEAN DR., APT. 5-L HOLLYWOOD FL 33019				Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
nul	T14400D LF 22018		83	 			
			63				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607,1508. Florida Ste	itutes, the above	e-named cor	poration submits this statement for the	ournose of changing	its registered
agent. I a	m familiar with, and accept the oblig				alion's board of directors. I hereby acco	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	SUAZO, JORGE 3801 S. OCEAN DR., APT. 5-L		1.1 TITLE			Change	Addition
NAME			1.2 NAME	LARRESCO			
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL 33019	-	1	1 ADDRESS			
TITLE	D	DELETE	14 CITY - 5 2.1 Title	S1 - ZIP		Change	Addition
NAME	DIEHL, MARY C		2.2 NAME	ĺ		,g-	
STREET ADDRESS	13278 N.W. 5TH ST.			ADDRESS			
CITY-ST-ZIP	DI ANTATIONI EL 0000E		2. 4 CITY-	1	·	:	
TITLE		DELETE	3.1 11TLE			Change	Addilion
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	I ADDRESS			
CITY-ST-ZIP			3 4. CITY-	S1-ZIP		——————————————————————————————————————	
TITLE		DELETE	4.5 TITLE			☐ Change	Addition
NAME			4 2 NAME				
STREET ADDRESS				ADDRESS			
CITY-S1-ZIP		DELETE	4.4 CITY - 5 5.1 TITLE	51-211		Change	Addition
NAME		E Section	5.2 NAME			Change	
STREET ADDRESS			1	I ADDRESS			
CITY-ST-ZIP	1		5.4 CITY - 5				
TITLE	DELETE		6.1 HTLE			Change	Addition
NAME .	Δ _X .		6.2 NAME	·			
STREET ADDRESS	•		6.3 STAFF	ADDRESS			
CITY-ST-7#P	• •		6.4 CITY -5	ST- 7IP			

14. 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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:

VAR PROSIDENT PROSIDENT

(954) 424-1942

FILED

Jul 18 1997 8:00am

Secretary of State