

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K60449 (1)
1. Corporation Name
BMI SERVICES, INC.



Principal Place of Business
2600 DOUGLAS RD. #302
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD. #302
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1320 S. Dixie Hwy. Suite, Apt. #, etc. 22 Sixth Floor City & State 23 Coral Gables, FL 33146 Zip 24 25 USA		2a. Mailing Address 26 1320 S. Dixie Hwy. Suite, Apt. #, etc. 27 Sixth Floor City & State 28 Coral Gables, FL 33146 Zip 29 30 USA		3. Date Incorporated or Qualified 01/24/1989	
				4. FEI Number 65-0155997 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
2600 DOUGLAS RD.
STE. #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
83 Sixth Floor
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENZA, CHRISTINA C.	1.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD., #302	1.3 STREET ADDRESS	1320 S. Dixie Hwy. Sixth Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, GERALD F	2.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD., #302	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ANDRES JR.	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD., #302	3.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, PEDRO L	4.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD., #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, ELOY	5.2 NAME	
STREET ADDRESS	2620 S.W. 27TH AVE.	5.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, ROSARIO P	6.2 NAME	
STREET ADDRESS	226 DOUGLAS RD., #302	6.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	6.4 CITY-ST-ZIP	Coral Gables, FL 33146

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CR2E034 (10/97)