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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90074 030 \*\*\*\*61.25

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 762172**

1. Corporation Name

**BAC FUNDING CORPORATION**

Principal Place of Business

6600 NW 27 AVE  
 MIAMI FL 33147  
 US

Mailing Address

6600 NW 27 AVE  
 MIAMI FL 33147  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2196535	
24 Country		29 Country		30	
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	

**9. Name and Address of Current Registered Agent**

**MILLER, EDWIN L.**  
**6600 NW 27 AVE,**  
**MIAMI FL 33147**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	SD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEILL, E. ANN	1.2 NAME	BRYANT, CASTELL
STREET ADDRESS	6600 NW 27TH AVE.	1.3 STREET ADDRESS	6600 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZIER, RONALD E	2.2 NAME	CANCELLA, JOSE
STREET ADDRESS	1320 NW 88TH STREET	2.3 STREET ADDRESS	6600 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33147
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, EDWIN L.	3.2 NAME	FRANK, MARY
STREET ADDRESS	6600 N.W. 27TH AVENUE	3.3 STREET ADDRESS	6600 NW 27th AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHURMAN, JOHN L	4.2 NAME	GOLDBERG, S. BARTON
STREET ADDRESS	6600 N.W. 27TH AVENUE	4.3 STREET ADDRESS	6600 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERSHAW, HOWARD	5.2 NAME	HOBBS, L. GREGORY
STREET ADDRESS	ONE S.E. 3RD AVENUE	5.3 STREET ADDRESS	6600 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GRIFFIN-HUNTER, KIM
STREET ADDRESS		6.3 STREET ADDRESS	6600 NW 27TH AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33147

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*EDWIN L. MILLER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

232946-90074-30  
762172

Additions/Changes to Officers and Directors  
Continued

**BAC FUNDING CONSORTIUM, INC.  
DIRECTORS**

Justo, Maria 6600 NW 27 <sup>th</sup> Avenue Miami, FL 33147	Addition
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Leth, T. Steve 6600 NW 27 <sup>th</sup> Avenue Miami, FL 33147	Addition
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Masferrer, A. Eduardo 6600 NW 27 <sup>th</sup> Avenue Miami, FL 33147	Addition
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Shurman, L. John 6600 NW 27 <sup>th</sup> Avenue Miami, FL 33147	Addition
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