

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 416085

(9)

95 JAN 13 AM 9:35

1. Corporation Name
BE DEVELOPMENT CORPORATION

Principal Place of Business
**192 EDGEWATER DRIVE
CORAL GABLES FL 33133**

Mailing Address
**192 EDGEWATER DRIVE
CORAL GABLES FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1973	3a. Date of Last Report 01/21/1994
4. FEI Number 50-1433945	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

**EGUILIOR, RICARDO
192 EDGEWATER DR
CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
101. TITLE PD	102. NAME EGUILIOR, RICARDO	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
103. STREET ADDRESS 192 EDGEWATER DR.	104. CITY, ST, ZIP CORAL GABLES FL	12. NAME	
105. TITLE TD	106. NAME BOSCH, ERMINA E.	13. STREET ADDRESS	
107. STREET ADDRESS 192 EDGEWATER DR.	108. CITY, ST, ZIP CORAL GABLES FL	14. CITY, ST, ZIP	
109. TITLE VD	110. NAME EGUILIOR, ERMINA O.	15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
111. STREET ADDRESS 192 EDGEWATER DR.	112. CITY, ST, ZIP CORAL GABLES FL	16. NAME	
113. TITLE SD	114. NAME DEZMELYK, TERESITA E.	17. STREET ADDRESS	
115. STREET ADDRESS 192 EDGEWATER DR	116. CITY, ST, ZIP CORAL GABLES, FL 00000	18. CITY, ST, ZIP	
117. TITLE	118. NAME	19. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
119. STREET ADDRESS	120. NAME	20. NAME	
121. CITY, ST, ZIP	122. STREET ADDRESS	21. CITY, ST, ZIP	
123. TITLE	124. NAME	22. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
125. STREET ADDRESS	126. STREET ADDRESS	23. NAME	
127. CITY, ST, ZIP	128. CITY, ST, ZIP	24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath, that I am an officer or director of the corporation 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, above an individual with an address.

SIGNATURE: *R. A. Equilior* **1/9/95** **305 666 3400**
 RICARDO A. EGUILIOR PD
 Signature and Typed or Printed Name of Signing Officer or Director