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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 749556 (7)

1. Corporation Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREA TER MIAMI, INC.

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD.. SUITE 0204 MIAMI FL 33131	ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD.. SUITE 0204 MIAMI FL 33131-1806

3. Date Incorporated or Qualified: 10/30/1979
3a. Date of Last Report: 02/19/1996

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

4. FEI Number: 59-2596238 ☐ 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

FERNANDEZ, ARTURO L
80 S.W. 8TH STREET, SUITE 2100
MIAMI FL 33130

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	FERNANDEZ, ARTURO L.		1.2 NAME	John K. Scott	
STREET ADDRESS	CODINA REAL ESTATE 80 S.W. 8 ST.,STE 2100		1.3 STREET ADDRESS	The Hogan Group - 5200 Blue Lagoon Dr. #100	
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP	Miami, FL. 33126	
TITLE	VPD	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	LOPEZ, MAXINE - John Alden Life Inc.		2.2 NAME	P. Jill Ellis	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE, SUITE 200		2.3 STREET ADDRESS	Associated Capital Properties	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	9300 S. Padeland Blvd. Miami, FL 33156	
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	GREENE, MURRAY - Winthrop Management		3.2 NAME	LOPEZ MAXINE	
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 2950		3.3 STREET ADDRESS	John Alden Life Inc. 7300 Corporate Center Dr #200	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	☑ DELETE	4.1 TITLE	VPD	☐ Change ☐ Addition
NAME	KELLY, BILL (WILLIAM)		4. 2 NAME	GREENE, Murray	
STREET ADDRESS	ONE BISCAYNE TOWER		4.3 STREET ADDRESS	Winthrop Management	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	100 SE 2ND St. Miami, FL. 33131	
TITLE	VPD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEIGER, JOE		5.2 NAME		
STREET ADDRESS	2600 DOUGLAS RD, #1007		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANTLE, VAN		6.2 NAME		
STREET ADDRESS	848 BRICKELL AVE #600		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I 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. 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.

SIGNATURE: X Arturo L Fernandez CONFIRMED 1-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026552