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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

F28754

(2)

THE BMR COMPANIES, INC.

Principal Place of Business Mailing Address								I LEBISAR IIIA KIRES IAJAS IMAAL AIVII	. 6161 61614 6151	91911 9101	
4920 SW 77 ST 4920 SW 77 ST MIAMI FL 33143 MIAMI FL 33143											
								 Date Incorporated or Qualified 04/07/1981 	3a. Date 03	of Last F /28/1 9	•
2. Principal Place of Business				2a. Mailing Address				4, FEI Number Applied For			
			26	26				59-2074616 Not Applicable			
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			28	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country				Zip Country				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes □ No			
24		25	29		30			Florida Statutes XJ Yes LI No 10. Name and Address of New Registered Agent			
	g, Name	and Address of Cur	ent Regi	stered Agent	····	04		10. Name and Address of New F	tegistered /	your	
						81	Name				
RUSSINOF, BARRY 4920 SW 77ST							Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33143						B3					
•						84	City			85	Zip Code
						<u> </u>	<u></u> .	oration submits this statement for the pu	FL		resistance office
	Signature, typed	or printed name of registered a			VOTE REgistere		nt signature requi	ited when reinstaling: ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12
12.		OFFICERS	AND DIRE	DELETE		TITLE		7,001101001		Chang	
TITLE	P	NOF, BARRY			I.	NAME					
NAME STREET ADDRESS		W 77TH ST			1.3	STREE	1 ADDRESS				
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THLE	1			☐ DELF1£		1 TITLE	1			Chan	ge [] Addition
NAME						NAM!					
STREET ADDRESS							ET ADDRESS				
C(1Y - ST - Z(P				the standard of	6 -	CITY	-ST-ZIP	fy for the exemption stated in Section 1	19.07(3)(k). F	orida St	atutes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Ffurther 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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNAN, OFFICER OR DIRECTOR