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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H83086** (9)

1. Corporation Name  
**BPSS, INC.**



Principal Place of Business

Mailing Address

**251 UNIVERSITY DR.  
CORAL GABLES FL 33134  
US**

**251 UNIVERSITY DR.  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEISSENBORN, SHERIDAN  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134**

81 Name *Sheridan Weissenborn*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*201 Alhambra Circle*

83 Suite, Apt. #, etc.  
*Suite 502*  
84 City *Coral Gables*

85 Zip Code *FL 33134*

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 the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ DELETE  
NAME **SOMMERS, BARTON**  
STREET ADDRESS **2455 S.W. 60TH COURT**  
CITY-STATE-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE **D** ☐ DELETE  
NAME **NOBLE, HARRIETTE**  
STREET ADDRESS **2455 S.W. 60TH COURT**  
CITY-STATE-ZIP **MIAMI FL**

1.2 NAME ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. 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. 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 7 '96* *3054468899*

CP2E034 (12/95)