FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J93956 (7)

1. Corporation Name
BMC DEVELOPMENT AT CYPRESS WIND, INC.

Principal Place of Business	Mailing Address
29 SOUTHWEST 36TH COURT MIAMI FL 33135	29 SOUTHWEST 36TH COURT MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1987
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0022676 — 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 XX No

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

9. Name and Address of Current Registered Agent

VALLE, ALBERTO
29 SW 36TH CT
MIAMI 33135

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

TITLE	VP
NAME	VALLE, ALBERTO
STREET ADDRESS	29 SW 36TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	GARCIA, ALFONSO
STREET ADDRESS	29 SW 36TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	CALDERON-FLORES, PURA
STREET ADDRESS	29 SW 36TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alberto Valle 4-27-95 (305) 443-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142911 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94896** **(4)**

1. Corporate Name

THOMAS GRADY REED, III, P.A.

Principal Place of Business	Mailing Address
107 N. PALAFOX ST. P. O. BOX 13247/3258103246 PENSACOLA FL 32501	107 N. PALAFOX ST. P. O. BOX 13247/3258103246 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2847143** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REED, THOMAS GRADY, III
107 N. PALAFOX ST.
PENSACOLA FL 32501

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 607.1008, 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
DPST REED, THOMAS GRADY, III 2430 SEMORAN DR PENSACOLA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that the mandatory amendment(s) to the articles of incorporation, if any, attached to this report, reflect(s) the most recently filed articles of incorporation or restated articles of incorporation. I further certify that this report complies with the applicable requirements of Section 607.1622, Florida Statutes. I further certify that all other information required by Section 607.1622, Florida Statutes, and contained in this report is true, correct, and complete. I am a director or officer 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 above or on an attachment with an address.

SIGNATURE: T.G. Reed III — 3-24-95 — 904 432 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0386263 CP