FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # K04798 (O)

1. Corporate Name

BPMF, INC.

Principal Place of Business:
9565 CARLYE AVE
SURFSIDE FL 33154
US

Mailing Address:
9565 CARYLE AVE
SURFSIDE FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0034368 — 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. ... Florida Statutes [ ] Yes [X] No

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

9. **Name and Address of Current Registered Agent**

CAHAN, RICHARD J. ALAN
SUITE 3650, S.E. FINANCIAL CENTER,
200 SO. BISCAYNE BLVD.
MIAMI FL 33131-2394

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 617.0502, 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	PD
NAME	GITTLIN, ROBERT
STREET ADDRESS	2875 N.E. 191ST ST.,
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	VD
NAME	JONES, EVAN W.
STREET ADDRESS	9565 CARLYLE AVE.,
CITY-ST-ZIP	SURFSIDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [ ] Change [ ] Addition

14. I 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), 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: Evan Jones (signature) 7/2/95 305-864-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0163607 CP