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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:50

DOCUMENT # K07719 (3)

1. Corporation Name
BMI INTERNATIONAL PENSIONS, INC.

Principal Place of Business	Mailing Address
2525 S.W. 27TH AVE SUITE 100 MIAMI FL 33133	2525 S.W. 27TH AVE SUITE 100 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 02/22/1994

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

4. FEI Number: 65-0028577 ☐ 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

DUNCAN, ROSARIO P.
2525 S.W. 27TH AVE
MIAMI FL 33133

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 _____ 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	~~ST~~	1.1 TITLE	S	☒ Change ☐ Addition
NAME	~~VELASQUEZ, MARIA I~~	1.2 NAME	GARCIA, MARIA ELENA	
STREET ADDRESS	~~2525 SW 27TH AVE~~	1.3 STREET ADDRESS	2525 S.W. 27th Ave.	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Miami, FL	
TITLE	~~VD~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~DE ARMAS, ELOY~~	2.2 NAME	DE ARMAS, ELOY	
STREET ADDRESS	~~2620 S.W. 27TH AVE.~~	2.3 STREET ADDRESS	2620 S.W. 27th Ave.	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Miami, FL	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	MACEIRAS, LEONARDO	3.2 NAME		
STREET ADDRESS	2620 S.W. 27TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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, added or deleted.

SIGNATURE: Eloy de Armas ELOY DE ARMAS 1-22-95 (305) 443-2898
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0134024 CP