FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K07719** **(3)**

1. Corporation Name
BMI INTERNATIONAL PENSIONS, INC.

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

Mailing Address
2525 S.W. 27TH AVE
SUITE 100
MIAMI FL 33133

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 02/03/1995
4. FEI Number: 65-0028577 — Applied For / Not Applicable

2. Principal Place of Business
21 2620 SW 27th Avenue
Suite, Apt. #, etc. 22
City & State 23 Miami, FL 33133
Zip 24 Country 25

2a. Mailing Address
26 2620 SW 27th Ave.
Suite, Apt. #, etc. 27
City & State 28 Miami, FL 33133
Zip 29 Country 30

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: Rosario P. Duncan, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Rd.
83 Suite #410
84 City: Coral Gables FL 85 Zip Code: 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: type or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature is required when indicated) — DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☒ DELETE
NAME	GARCIA, MARIA E	
STREET ADDRESS	2525 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	DE ARMAS, ELOY	
STREET ADDRESS	2620 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	MACEIRAS, LEONARDO	
STREET ADDRESS	2620 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VST	☐ Change ☒ Addition
1.2 NAME	MACEIRAS, ILIANA	
1.3 STREET ADDRESS	2620 SW 27th Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: X [signature] LEONARDO R. MACEIRAS 1/24/96 (305) 442-0206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)