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

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

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

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: **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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARCIA, MARIA E 2525 SW 27TH AVE MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VST MACEIRAS, ILIANA 2620 SW 27th Avenue Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE ARMAS, ELOY 2620 S.W. 27TH AVE. MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACEIRAS, LEONARDO 2620 S.W. 27TH AVE. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-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: X _____ **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)