FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

DIVISION OF CORPORATIONS

1. Corporati	On Marine	\							
. •	B.F.T.V., INC.								
Principal Place of Business Mailing Address									
4900 S.W. 74TH COURT MIAMI,FL. 33155									
	MIAMI, FI. 33133					3. Date Incorporated or Qualified	T 00 000		10000
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/89			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>		pplied For
21 26									ot Applicac e
Suite. Apt. #, etc. Suite, Apt. #, etc.						65-0146508		_	Additional
22 27						5. Certificate of Status Desired	Ш		equired
City & State City & State						5. Election Campaign Financing		\$5.00	May Bo
23 28						Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	y		8. This corporation has liability for in			. 199.032.
24 25 29 30					1		Yes 🗌		
	9. Name and Address of Current	Registered Agent	B1	Name		10. Name and Address of New Reg	stered Ac	ent	
	TINDOZ DUBMBNIT		"	Name					
FEROZ BHAMANI					82 Street Address (P.O. Box Number is Not Acceptable)				
4900 S.W. 74 TH COURT				-					
MIAMI, FL. 33155				1					i
	1		84	City			FL	85 Zip (Coce
11 Diversant	es the show	e-named	Corpor	ation submits this statement for the n		neogina it	te registered		
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.									
	an rarrwar with and accept the boligati	ons of, section 607.0303, Fit مسم	Unica Statute	S .					
SIGNATURE	Signature typed or imples and of registered agent	and title if applicable (NOT	E Registered Ag	ent signature	required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	₹S IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE				L	Change	Addition
NAME	FEROZ BHAMANI		1.2 NAME	1.2 NAME					
STREET ADDRESS	(4500 DR /41H COOKI			ADDRESS					!!
CITY-ST-ZIP				ST - ZIP	ļ				
TITLE	VP DELETE			2.1 TITLE			L	Change	Addition
NAME	THOMAS FORD			2.2 NAME					1
STREET ADDRESS	4900 SW 74TH COURT			2.3 STREET ADDRESS					l
CITY-ST-ZIP TITLE	MIAMI FL. 33155			2 4 CITY-ST-ZIP 3.1 TiTLE				Chance	Addition
NAME	SECRETARY			3.2 NAME				' a. a. de	
STREET ADDRESS	ROBERT IBARRA			3.3 STREET ADDRESS					
CITY-ST-ZIP	4900 SW 74TH COURT			34 CITY+ST-ZIP					
TITLE	MIAMI, FL. 33155		4.1 TITLE					Change	Add-tion
NAME			4. 2 NAME	4. 2 NAME					<u> </u>
STREET ADDRESS			4.3 STREET	4.3 STREET ADDRESS					i i
CITY-ST-ZIP			4.4 CITY - S	4.4 CITY - ST - ZIP					
TITLE	☐ DELETE S		5.1 TITLE			U/V	/ <u> </u>	Change	Addition
NAME			5.2 NAME	l		N/N	IN Vist.		ļ.
STREET ADDRESS	NORESS		5 3 STREET	5 3 STREET ADDRESS		7,	$(\mathcal{D}_{\mathcal{D}})$		ļ
CITY-ST-ZIP			54 CITY-S	T · ZIP			Υ		
TITLE		☐ DELETE	6.1 TITLE			900002199	3016	Change	☐ Addition
NAME			62 NAME		}	-06/03/9701062		,	i
STREET ADDRESS			6 3 STREET	ADDRESS		***165.00	050		į
CITY-ST-ZIP			64 CITY+S	T - ZIP	L	***183.UU			

14. I do hereby certify that the information supplied with this filling 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 of 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 of changes or on an attachment with an address.

SIGNATURE:

FILED

May 20 1997 8:00am

Secretary of State