

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L07138 (5)

1. Corporation Name

B.M.J. INTERNATIONAL CORPORATION INC.



Principal Place of Business

Mailing Address

900 WEST AVE
SUITE 201
MAIMI BEACH FL 33139
US

P O BOX 398177
MAIMI BEACH FL 33230-8177
US

2. Principal Place of Business

2a. Mailing Address

21	Suite Apt. #, etc.	26	Suite Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
08/07/1989	04/18/1995
4. FET Number	Applied For Not Applicable
65-0159382	
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

GILSON, NEAL
2141 SW 52ND DRIVE
PLANTATION FL 33317

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 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

Signature typed or printed name, check box if agent or director

Printed Name of Agent or Director

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D MARTINEZ, BERNICE
STREET ADDRESS	900 W AVE S 201
CITY-ST-ZIP	MIAMI BCH FL
TITLE	☐ DELETE
NAME	D MARTINEZ, JORGE
STREET ADDRESS	900 W AVE S 201 MIAMI BCH, FL
CITY-ST-ZIP	MIAMI BEACH 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	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Bernice Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96 (305) 447-2437

CR2E034 (12/95)