

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M09502** (9)

1. Corporation Name:

B.V.L. PROPERTIES, INC.



Principal Place of Business

**1110 BRICHEEL AVE.
7TH FLOOR
MIAMI FL 33131
US**

Mailing Address

**1110 BRICHEEL AVE.
7TH FLOOR
MIAMI FL 33131
US**

2. Principal Place of Business

21 **1339 Orange Ave**

Suite, Apt., Fl., etc.

22 **#8**

City & State

23 **Coronado, CA**

Zip

24 **92118**

Country

25 **USA**

2a. Mailing Address

26 **1339 Orange Ave**

Suite, Apt., Fl., etc.

27 **#8**

City & State

28 **Coronado, CA**

Zip

29 **92118**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KAPLAN, ERIC J.
ONE BISCAYNE TOWER, SUITE 3100
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1110 Brickell Ave

83 **Seventh Floor**

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1701, 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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PDS
AURICH, SCOTT
1339 ORANGE AVE., STE.8
CORONADO CA**

☐ DELETE

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☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

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☐ 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 change or addition is being made with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/12/96 619.487.1330

CR2E034 (12/95)