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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M65057** (5)

1. Corporation Name
BMC DEVELOPMENT AT CYPRESS HEAD, INC.



Principal Place of Business 3399 PONCE DE LEON BLVD SUITE 104 CORAL GABLES FL 33134 US	Mailing Address 3399 PONCE DE LEON BLVD SUITE 104 CORAL GABLES FL 33134-7281 US
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3. Date Incorporated or Qualified 01/15/1988	3a. Date of Last Report 08/08/1996
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2. Principal Place of Business 21 7875 N.W. 12th Street Suite, Apt. #, etc. 22 SUITE 104 City & State 23 MIAMI, FL. Zip 24 33126	2a. Mailing Address 26 P. O. Box 145388 Suite, Apt. #, etc. 27 City & State 28 Coral Gables, Fl. Zip 29 33114 Country 30 US	4. FEI Number 65-0050282 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent VALLE, ALBERTO 3399 PONCE DE LEON BLVD SUITE 104 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7875 N.W. 12th Street 83 Suite 104 84 City Miami FL 85 Zip Code 33126
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARCIA, ALFONSO 3399 PONCE DE LEON BLVD #104 CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7875 N.W. 12th Street Suite 104 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VALLE, ALBERTO 3399 PONCE DE LEON BLVD #104 CORAL GABLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7875 N.W. 12th Street Suite 104 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LABARTINO, VINCENZO 3399 PONCE DE LEON STE 104 CORAL GABLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7875 N.W. 12th Street Suite 104 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CALDERON-FLORES, PURA 3399 PONCE DE LEON BLVD #104 CORAL GABLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7875 N.W. 12th Street Suite 104 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 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 *Pura Calderon-Flores* **4-30-97** **(305) 442-9454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)