

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

**7875 N.W. 12TH STREET
104
MIAMI FL 33126
US**

Mailing Address

**P.O. BOX 145388
CORAL GABLES FL 33114
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1988	
21 25 SE 2nd Ave Suite, Apt. #, etc.	26	4. FEI Number 65-0050282		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite 504	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Miami, FL City & State	28	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33131 Zip	25 US Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29	30				

9. Name and Address of Current Registered Agent

**VALLE, ALBERTO
7875 N.W. 12TH STREET
104
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Ave Suite 504
83
84 City Miami, FL 85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable

(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 7875 N.W. 12TH STREET STE 104 MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 SE 2nd Ave Suite 504 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLE, ALBERTO 7875 N.W. 12TH STREET STE 104 MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, S.T. 25 SE 2nd Ave Suite 504 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARTINO, VINCENZO 7875 N.W. 12TH STREET STE 104 MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, D 25 SE 2nd Ave Suite 504 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALDERON-FLORES, PURA 7875 N.W. 12TH STREET STE 104 MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Alberto Valle 4/20/98 305-3720089

CR2E034 (10/97)