

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000000448 (0)

1. Corporation Name
BAMCO VIII, INC.



Principal Place of Business
300 NORTH OCEAN BLVD
DEERFIELD FL 33441
US

Mailing Address
300 NORTH OCEAN BLVD
DEERFIELD FL 33441-3845
US

3. Date Incorporated or Qualified 10/28/1992
3a. Date of Last Report 08/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0368962

Applied For

Not Applicable

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

SANTANGELO, CARL G
3000 NORTH FEDERAL HIGHWAY
BLDG. TWO, SUITE 200
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

STOYKA, MICHAEL

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

4623 W. TRADEWINDS AV.

83

84 City

LAUDERDALE BY THE SEA FL

85 Zip Code

33308

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)

14, APRIL, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANGNITZ, BERNIE
STREET ADDRESS 4525 W TRADEWINDS AVE
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE VPST
NAME STOYKA, MICHAEL
STREET ADDRESS 4623 W. TRADEWINDS AVE
CITY-ST-ZIP LAUDERDALE BY THE SEA FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME STOYKA, MICHAEL
1.3 STREET ADDRESS 4623 W. TRADEWINDS AVE.
1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

2.1 TITLE ST
2.2 NAME STOYKA, MAUREN
2.3 STREET ADDRESS 4623 W. TRADEWINDS AVE.
2.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: MICHAEL STOYKA, PRES.

4-14-97 (954) 492-9920

Date

Daytime Phone #

CR2E034 (9/96)