

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

REGISTRATION
APPROVAL
1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P93000000944 (7)

55 MAY -1 AM 8:27

BAMCO XII, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

% CARL G. SANTANGELO, P.A.
3000 N. FEDERAL HWY., STE. 200
FT. LAUDERDALE FL 33306

% CARL G. SANTANGELO, P.A.
3000 N. FEDERAL HWY., STE. 200
FT. LAUDERDALE FL 33306

2. This corporation is a corporation of the State of Florida.	2a. Mailing Address	4. Filing Number	3b. Filing Date Requested
21. 10050 STIRLING RD	26. 3048 NORTH OCEAN BLVD	65-0424866	01/06/1993
22.	27.	5. Certificate of Status (Amended)	12/19/1994
23. COOPER CITY FL	28. FT LAUDERDALE FLORIDA	☒ \$8.75 Additional Fee Required	
24. 33328	25. BROW	6. This corporation has liability for attorney's fees under the Florida Statutes	\$5.00 May Be Added to Fees
29. 33306	30. BROWARD	☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SANTANGELO, CARL G ESQ.
3000 N. FEDERAL HWY., #200
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81. Name: BERNIE MANGNITZ
82. Street Address (P.O. Box Number is Not Acceptable)
83. 3048 NORTH OCEAN BLVD
84. City: FT LAUDERDALE FL 85. Zip Code: 33306

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted by 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 the laws of the State of Florida and the laws of the State of Florida.

SIGNATURE

Bernie Mangnitz

BERNIE MANGNITZ PRESIDENT

4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	P MANGNITZ, BERNIE 3000 NE 30 PLACE #101 FT. LAUDERDALE FL 33308	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is true, correct, and complete, and that I am not a party to any fraud or other illegal activity. I further certify that the information supplied in the annual report or supplemental annual report is true, correct, and complete, 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 person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my signature appears on the report, or the report is being filed with an affidavit.

SIGNATURE:

Bernie Mangnitz

BERNIE MANGNITZ

4-27-95

305-565-7850