

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

1995 MAR 22 PM 1:06

DOCUMENT # P93000069736 (5)

1. Corporation Name

BMAB EAST TOWER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8900 NORTH KENDALL DR.
MIAMI FL 33178

Mailing Address

8900 NORTH KENDALL DR.
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

05/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

APPLIED FOR 65-4047110

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 § 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

SAXON, KYLE R
1700 ALFRED I. DUPONT BLDG.
169 EAST FLAGLER ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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) (number of registered agents and their Florida addresses)

(number of registered agents and their Florida addresses)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P
KEELEY, BRIAN E
% 8900 N. KENDALL DR.
MIAMI FL 33178

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V
MARX, RICHARD C
% 8900 N. KENDALL DR.
MIAMI FL 33178

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VST
LAWSON, RALPH E
% 8900 N. KENDALL DR.
MIAMI FL 33178

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. 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

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

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)(b), 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 liquidator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph E. Lawson

2/23/95

305 270 3608