

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000069736 (5)

1. Corporation Name

BMAB EAST TOWER, INC.



Principal Place of Business

Mailing Address

8900 NORTH KENDALL DR.  
MIAMI FL 33176

8900 NORTH KENDALL DR.  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 8940 N. KENDALL DR.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33176

Country

2a. Mailing Address

26 6855 RED ROAD

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES, FL

Zip

29 33143

Country

30

9. Name and Address of Current Registered Agent

LEHMAN, JODY  
8900 NORTH KENDALL DR.  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

LEHMAN, JODY

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

6855 RED ROAD

83

SUITE 600

84 City

CORAL GABLES

FL

85 Zip Code

33143

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

*Jody Lehman*  
Signature of person or printed name of registered agent and title if applicable

*Jody Lehman*  
(NOTE: Registered Agent signature required when reinstating)

4/1/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KEELEY, BRIAN E  
STREET ADDRESS % 8900 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME VST  
LAWSON, RALPH E  
STREET ADDRESS % 8900 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME V  
HUNTLEY, LEE  
STREET ADDRESS 8900 NORTH KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Lee S. Huntley*

LEE S. HUNTLEY 1/1/98 (21) 596-1260

CR2E034 (10/97)