

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

FILED  
May 04 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 # P93000082006 (6)

1. Corporation Name  
BFA, INC.



Principal Place of Business

8390 N.W. 201 ST.  
MIAMI FL 33015

Mailing Address

8390 N.W. 201 ST.  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 18165 BISCAYNE BLVD	26 8390 NW 201 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State AVENTURA FL	28 City & State MIAMI FL
24 Zip 33180	29 Zip 33015
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	Applied For
11/24/1993	Not Applicable
4. FEI Number	Applied For
65-0451745	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOYAL, PATRICK R 82 N. UNIVERSITY DR. PEMBROKE PINES FL 33024	81 Name LESCORNEZ THOMAS
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 8390 NW 201 ST
	84 City MIAMI FL
	85 Zip Code 33015

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 THOMAS LESCORNEZ PRESIDENT 4/21/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	1.1 TITLE VP
NAME LESCORNEZ, THOMAS	1.2 NAME TESSIER CLAIRE
STREET ADDRESS 8390 NW 201ST ST.	1.3 STREET ADDRESS 18165 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33015	1.4 CITY-ST-ZIP AVENTURA FL 33180
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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: THOMAS LESCORNEZ PRESIDENT 4/21/98

CR2E034 (10/97)