SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000023128 (9)**

1. Corporation Name
BAMCO 441, INC.

Principal Place of Business	Mailing Address
1991 SW 40TH AVE. PLANTATION FT. LAUDERDALE FL 33317 US	~~3948 N. OCEAN BLVD.~~ ~~SUITE 101~~ FT. LAUDERDALE FL ~~33308~~ US

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0469261 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 3000 NE 30TH PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE #311
City & State 23	City & State 28 FT-LAUDERDALE FL
Zip 24 / Country 25	Zip 29 33306 / Country 30 BROWARD

9. Name and Address of Current Registered Agent

SANTANGELO, CARL G
~~3948 NORTH OCEAN BLVD.~~
~~BLDG. 2 - SUITE 200~~
FT. LAUDERDALE FL ~~33308~~

10. Name and Address of New Registered Agent

81 Name: BERNIE MANGNITZ
82 Street Address (P.O. Box Number is Not Acceptable): 3000 NE 30TH ~~AVE~~ PLACE
83: SUITE 311
84 City: FT LAUDERDALE FL 85 Zip Code: 33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] BERNIE MANGNITZ PRES. [signature]
Signature, Typed or Printed Name of Registered Agent and Date (if applicable) (NOTE: Registered Agent signature required when re-designating) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGNITZ, BERNIE 3000 N.E. 30TH PLACE, SUITE ~~101~~ 311 FT LAUDERDALE FL ~~33308~~ 33306	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	3000 NE 30TH PLACE STE 311 FORT-LAUDERDALE FL 33306	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BERNIE MANGNITZ 06-14-96 565-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #