

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:15

DOCUMENT # P94000059611 (1)

1. Corporation Name

BMD INVESTMENTS, INC.

Principal Place of Business

4270 S.W. 6TH STREET
MIAMI FL 33134

Mailing Address

4270 S.W. 6TH STREET
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

4. FEI Number

65-0524057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

2a. Mailing Address

26

P.O. BOX 144674

Suite, Apt. #, etc.

22

City & State

27

City & State

23

CORAL GABLES, FL

24

Zip

Country

29

Zip

Country

33114

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIR, HECTOR J
2665 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

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 must be a printed name of registered agent or officer or director)

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DIAZ, BENITO M
STREET ADDRESS	4270 S.W. 6TH STREET
CITY, ST, ZIP	MIAMI FL 33134
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	

1 TITLE	SECRETARY	☐ Change ☒ Addition
12 NAME	BENITO H. DIAZ	
13 STREET ADDRESS	2655 LE JEUNE RD., #805	
14 CITY, ST, ZIP	CORAL GABLES, FL 33134	
21 TITLE	P/D	☒ Change ☐ Addition
22 NAME	BENITO M. DIAZ	
23 STREET ADDRESS	4270 S.W. 6 ST.	
24 CITY, ST, ZIP	MIAMI, FL 33134	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (37)(A)(K), Florida Statutes. I further certify that the information included 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 its predecessor 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 in an attachment with an address.

SIGNATURE:

Benito H. Diaz

BENITO H. DIAZ - SECRETARY

2/24/95

305-529-8810

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR