


THE

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000059611 (1)

1. Corporation Name
BMD INVESTMENTS, INC.

Principal Place of Business
4270 S.W. 6TH STREET
MIAMI FL 33134

Mailing Address
P.O. BOX 144674
CORAL GABLES FL 33114-4674
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/10/1994

3a. Date of Last Report
04/08/1996

4. FEI Number
65-0524057

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

9. Name and Address of Current Registered Agent
MIR, HECTOR J
2685 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 name of registered agent and block applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. 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

14. I do 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 Block 14 if changed with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #