

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

FILED

**Sep 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000071859 (0)
1. Corporation Name
BFM INTERNATIONAL, INC.



Principal Place of Business 21000 NE 28TH AVE. SUITE 202 MIAMI FL 33180	Mailing Address 21000 NE 28TH AVE. SUITE 202 MIAMI FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 855 SW 78 Avenue Suite, Apt. #, etc. 22 City & State 23 Plantation, FL Zip 24 33324 Country 25 USA	2a. Mailing Address 26 855 SW 78 Avenue Suite, Apt. #, etc. 27 City & State 28 Plantation, FL Zip 29 33324 Country 30 USA
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3. Date Incorporated or Qualified 09/29/1994	4. FEI Number 65-0606051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**PARDES, ABRAHAM
21000 NE 28TH AVE.
SUITE 202
MIAMI FL 33180**

10. Name and Address of New Registered Agent
81 Name **Michael Abraham Pardes**
82 Street Address (P.O. Box Number is Not Acceptable)
855 SW 78 Avenue
83
84 City **Plantation** FL 85 Zip Code **33324**

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 *Michael A. Pardes* DATE **9-17-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARDES, ABRAHAM	
STREET ADDRESS	21000 NE 28TH AVE SUITE 202	
CITY-ST-ZIP	NORTH MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKOWITZ, HOWARD	
STREET ADDRESS	21000 NE 28TH AVE SUITE 202	
CITY-ST-ZIP	NORTH MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELF, MICHAEL	
STREET ADDRESS	21000 NE 28TH AVE. SUITE 202	
CITY-ST-ZIP	NORTH MIAMI FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Abraham Pardes
1.3 STREET ADDRESS	855 SW 78 Avenue
1.4 CITY-ST-ZIP	Plantation, FL 33324
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	855 SW 78 Avenue
2.3 STREET ADDRESS	Plantation, FL 33324
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	855 SW 78 Avenue
3.3 STREET ADDRESS	Plantation, FL 33324
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Michael A. Pardes* DATE **9-17-98 195U453-7000**

CR2E034 (10/97)