

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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P940000 83400 (9)**

1. Corporation Name

**B&G PROPERTIES, INC**

Principal Place of Business

Mailing Address

<b>2. Principal Place of Business</b> <b>21 8320 NW 201 ST</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26 8320 NW 201 ST</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>11/10/1994</b>	<b>3a. Date of Last Report</b> <b>04/03/96</b>
<b>22 City &amp; State</b> <b>23 MIAMI, FL</b> Zip		<b>27 City &amp; State</b> <b>28 MIAMI, FL</b> Zip		<b>4. FEI Number</b> <b>65-0532605</b>	Applied For Not Applicable
<b>24 33015</b>		<b>29 33015</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<b>81 Name</b> <b>GONZALEZ, GIRALDO A.</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 8320 NW 201 ST</b>
<b>84 City</b> <b>MIAMI</b>
<b>85 Zip Code</b> <b>FL 33015</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <input type="checkbox"/> DELETE	<b>1.1 NAME</b> <b>PST GONZALEZ, GIRALDO A.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>1.2 STREET ADDRESS</b> <b>1.3 CITY - ST - ZIP</b>	<b>1.2 STREET ADDRESS</b> <b>1.3 CITY - ST - ZIP</b>		
<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>DV BROWER, NORMAN D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>2.1 STREET ADDRESS</b> <b>2.2 CITY - ST - ZIP</b>	<b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>		
<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>3.1 STREET ADDRESS</b> <b>3.2 CITY - ST - ZIP</b>	<b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>		
<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>4.1 STREET ADDRESS</b> <b>4.2 CITY - ST - ZIP</b>	<b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>		
<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>5.1 STREET ADDRESS</b> <b>5.2 CITY - ST - ZIP</b>	<b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>		
<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>6.1 STREET ADDRESS</b> <b>6.2 CITY - ST - ZIP</b>	<b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>		

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

Date

305-266-6533

Daytime Phone #

X 22

CR2E034 (9/96)