

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000056596 (6)

1. Corporation Name  
B & B OPERATIONS, INC.

Principal Place of Business

201 S. BISCAYNE BLVD.  
SUITE 2950  
MIAMI FL 33131

Mailing Address

201 S. BISCAYNE BLVD.  
SUITE 2950  
MIAMI FL 33131-4330

FILED  
May 06 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 08/07/1996
4. FEI Number 65-0628104	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRONSON, STEVEN N  
201 S. BISCAYNE BLVD.  
SUITE 2950  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	BRONSON, STEVEN N	<input type="checkbox"/> DELETE
NAME		201 S. BISCAYNE BLVD. STE 2950	
STREET ADDRESS		MIAMI FL 33131	
CITY-ST-ZIP			
TITLE	D	BARBER, BRUCE C	<input type="checkbox"/> DELETE
NAME		2101 W. COMMERCIAL BLVD. SUITE 1500	
STREET ADDRESS		FT. LAUDERDALE FL 33309	
CITY-ST-ZIP			
TITLE	ST	BOOTH, BARRY J	<input type="checkbox"/> DELETE
NAME		201 S. BISCAYNE BLVD. STE 2950	
STREET ADDRESS		MIAMI FL 33131	
CITY-ST-ZIP			
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	President and Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRONSON, STEVEN N.	
1.3 STREET ADDRESS	201 S. Biscayne Blvd, Suite 2950	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	VP and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBER, BRUCE C.	
2.3 STREET ADDRESS	2101 W. Commercial Blvd. Suite 1500	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLIOTT, ERIC R.	
3.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE	D and Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CASSEL, JAMES S.	
4.3 STREET ADDRESS	201 S. Biscayne Blvd, Suite 2950	
4.4 CITY-ST-ZIP	Miami, Florida 33131	
5.1 TITLE	D and Secretary and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOOTH, BARRY J.	
5.3 STREET ADDRESS	201 S. Biscayne Blvd, Suite 2950	
5.4 CITY-ST-ZIP	Miami, FL 33131	
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 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 BARRY J. BOOTH 4/25/97 (305) 856-8505

CR2E034 (9/96)