## 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 # P96000016809 (1) BACKDOOR PUBLISHING (BMI), INC.

**FILED** Apr 25 1997 8:00am Secretary of State



7660 W. SOTH AVE. SUITE 43 HIALEAH FL 33016		Mailing Actoross 7880 W. 20TH AVE. SUITE 43 HIALEAH FL 33016-1848					3. Date Incorporated or Qualified 3a. Date of Last Report					
2. Principal P	Place of Business	2a Ma	illing Address				02/22/1996 4. FELNumber	L	T-1-	multipat For		
21	The second secon	26					100,00001000			pplied For lot Applicable	+	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					_ \$	60.75			
22		27	27				5. Certificate of Status Desired	a		equired		
City & State		Cit	City & State				6. Election Campaign Financing		\$5.00 May Be			
23	23		28				Trust Fund Contribution		Added to Fees			
Zip	<u></u>		Zip Cou				8. This corporation has liability for in			s. 199.032,	1	
24	25		9 30				Florida Statutes					
IAC	<ol> <li>Name and Address of Curren</li> <li>OBSON, DAVID C</li> </ol>	i Hegistere	a Agent		81	Name	10. Name and Address of New Reg	istered Age	nt		$\dashv$	
	OSSON, DAVID C OS BISCAYNE BLVD.				٥.	Name						
	13 BISCATNE BLVD. TE 200		82 Street A			Street Ad	Address (P.O. Box Number is Not Acceptable)					
	NTURA FL 33180										_	
1	111014116 00100				83							
					84	City		FL 85	Zip	Code	٦	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 050, egistered agent, or both, in the State in familiar with, and accept the obligation of the obligat						rporation submils this statement for the pration's board of directors. I hereby accep	urpose of cha t the appointment	nging i	its registered registered		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICE		ECTOR	RS IN 12	1	
TITLE	PSD	······································	DELFTE	1.1 111	i.E				Change	Addition	_ S	
NAME	FERNANDEZ, ROBERT		-	1.2 NA	ME						,	
STREET ADDRESS	7880 W. 20TH AVE., STE. 43		1.3 \$			STHEET ADDRESS					Š	
CITY-ST-ZIP	HIALEAH FL 33016	· · · · · · · · · · · · · · · · · · ·		1.4 CIT	Y-S	I - ZIP					2	
TITLE	BUITRAGO, GABRIEL		DELETE	2 1 111	l E				Change	Addition	7	
NAME	7880 W. 20TH AVE., STE. 43			2.2 NA	ME							
STREET ADDRESS	HIALEAH FL 33016			2.3 S1	REET.	ADDRESS						
CITY-ST-ZIP TITLE	D D		DELETE	2.4 CI		1-21P			N	1 4 4 1994	_	
NAME	TORMO, ISSAC		T OTHE	3170				···. 🗀 t	Change	Addition		
STREET ADDRESS	17791 SOUTHWEST 48TH STR	EET		3.2 NA		ADDDE OC						
CITY-ST-ZIP	FT. LAUDERDALE FL 33330					ADDRESS						
TITLE		<u> </u>	DELETE	3.4 CI 4.1 TIT		1 · ZIP			Change	Addition	+	
NAME			<del></del>	4 2 NA				' لــا	igo			
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	•			4 4 CIT		i						
TITLE			DELETE	5 1 111					Change	Addition	-	
NAME				5.2 NA	ME			_ <del>-</del>	-			
STREET ADDRESS				5.3 STF	REEL /	ADDRESS						
CITY-ST-ZIP				5.4 C(1	Y - \$1	- ZIP						
TITLE	The state of the s		DELETE	611111					Change	Addition		
NAME				6.2 NA	Μŧ							
STREET ADDRESS				6.3 STE	REETA	ADDRESS						
CITY-SY-ZIP				6.4 CIT	Y- \$1	- ZIP						

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 logal effect as if made under eath; 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.

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