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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092658 (9)

BHP SERVICES, INC.

Principal Place of Business Mailing Address 70 N.E. 215TH STREET 70 N.E. 215TH STREET

FILED Apr 23 1997 8:00am Secretary of State



MIAMI FL 3317	<u> </u>	MIAMI FL S	13179-1031									
								Date Incorporated or Qualified 11/05/1996	3a. Da	ite of L	ast Re	eport
2. Principal P	lace of Business	2a. Mailing 26	2a. Mailing Address 26				4.	65-0705841		T		plied For t Applicable
Suite, Apt.	#, etc.	Suite, /	Suite, Apt #, etc.				Б.	Certificate of Status Desired				dditional quired
City & State	e	City &	State				i i	Election Campaign Financing Trust Fund Contribution				May Be o Fees
Zip 24	Country 25	7ip 29		30 Cou	intry			This corporation has liability for Florida Statutes		tax un	der s.	199.032,
	9. Name and Address of Curren		gent		Γ		10.	Name and Address of New R	gistered	Agent		•
PHII	LLIPS, CAESAR A				81	Name					,	
70 l	N.E. 215TH STREET MI FL 33179					Street Ad	ldress (P	P.O. Box Number is Not Accepta	ble)			
THE	mi 1 L 55 17 6				83							·
					84	City			FL	85	Zip C	Code
SIGNATURE	m familiar with, and accept the obligations of the obligation of t	of and little if applicab	·	OTE Registeres		S. ml signature red			DATE			
12.	OFFICERS AND	DIRECTORS		13.			<i>F</i>	ADDITIONS/CHANGES TO OFFI	CERS AND			
NAME STREET ADDRESS	BECK, GENE E 5444 N.W. 60TH DRIVE CORAL SPRINGS FL 33067		DELETE		NME IRFET	ADDRESS				☐ Ch	ange	Addition
CITY-ST-ZIP TITLE NAME	D/S/T PHILLIPS, CAESAR A	14. N.V. 1844—12. July	DELETE	2.1 11 2.2 N/	TLE	51 - 71P				☐ Ch	ange	Addition
STREET ADDRESS CITY-ST-ZIP	70 N.E. 215TH STREET MIAMI FL 33179			2.3 \$1	HEET	ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP HERNANDEZ, ARMANDO E 4000 COLLINS AVENUE APT.	209	DECETE		AME IREET	ADDRESS ST-7IP				Chi	ange	Addition
TITLE NAME STREET ADDRESS			□ DELEYE	4 1 TU 4. 2 N 4.3 ST	TLF IAME IREET	ADDRESS	and the second s			Ch:	ange	Addition
CITY-ST-ZIP TITLE NAME			DELETE	4 4 Cl 5 1 1 l 5 2 N/	l(F	5T - ZIP				☐ Ch	ange	☐ Addition
STREET ADDRESS CITY-ST-ZIP				1	REFT	ADDRESS						
TITLE NAME			☐ DELETE	6.1 TI	TLE					☐ Ch	ange	Addition
STREET ADDRESS CITY-ST-ZIP				6.3 ST 6.4 C(ADDRESS ST-ZiP						

Too hereby certify that the information supplied with this filling 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 repeiver or trusted 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 open attachment with an address.