**PROFIT** CORPORATION ANNUAL REPORT 1999

BMA INVESTMENTS, INC.

1. Corporation Name



DOCUMENT # P97000097375

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90122 038 \*\*\*150.00

Principal Place of Business	Mailing Address			( :00:1004 ) va (01:1 (00)) on (1) on (1) on (1)	3 16111 18629 1411	
2700 W CYPRESS CREEK RD 2700 W CYPRESS CREEK						
C-103 C-103				DO NOT WRITE IN THI	S SPACE	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309				3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE	
US	U\$			1		į
	To the Markey Address	<del>.</del>		11/12/1997 4. FEI Number		polied For
Principal Place of Business 2a. Mailing Address					Applied For Not Applicable	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.		<del>(a </del>		65-0799654		Additional: +
22				5. Certificate of Status Desired  Fee Required		
City & State	City & State	e		6. Election Campaign Financing	•	May Be
23 28				Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	,	8. This corporation owes the current year I		
24 25		30		Personal Property Tax.	Yes	□No
9. Name and Address of Co	rrent Registered Agent			10. Name and Address of New Registered	Agent	
DIOTOKOWI IOEL O		81	Name	,		ļ
PIOTRKOWSKI, JOEL S 317 - 71ST STREET		82	Street	Address (P.O. Box Number is Not Acceptable)	_	
MIAMI BEACH FL 33141		83			_	
		84	City		. 85 Zip	Code
			' '	corporation submits this statement for the purpose of	L	]
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Florid	a Statutes	•	oration's board of directors. I hereby accept the appropriate of the a		
12. OFFICER	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A		
me VPD	, · · =				Change	Addition
NAME MARKOFSKY, STANLEY		1.2 NAME				į
STREET ADDRESS 2700 W CYPRESS CREEK RD C-103		1.3 STREE	TADDRESS			
CITY-ST-ZIP FT LAUDERDALE FL 33305	FT LAUDERDALE FL 33309		T-ZIP			
mre P	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME MARU, LOUIS		22DAME		MARK, Louis		ł
	ATTAC III OVERDEGO ODEEV DOAD, O 400		T ADDRESS	han in the same of the same of		]
		2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1				Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREE	TADORESS			Ì
CITY-ST-ZIP		3.4. CITY-5	ST-ZIP			
TITLE	DELETE 4.1				☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREE	TADDRESS			
CITY-ST-ZIP		4.4 CITY- 8	T-ZIP			
TITLE	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME			,	
STREET ADDRESS		5.3 STREE	T ADDRESS			
CITY-ST-ZIP		5.4 CITY- 5	T-ZIP			}
TITLE	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREE	T ADDRESS			
1 1		6.4 CITY-5	T. 7ID	ر ا		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 attendance 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 trastee empowered to execute this term 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, with all other like empowered.

SIGNATURE:

Daytime Phone #

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