

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

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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S31676** (7)
1. Corporation Name
**BANK OF NORTH AMERICA MANAGEMENT AND ACQUISITION
SERVICES, INC.**



Principal Place of Business
**2000 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309**

Mailing Address
**P.O. BOX 9548
FT. LAUDERDALE FL 33310-9548
US**

3. Date Incorporated or Qualified
02/07/1991

3a. Date of Last Report
01/31/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0249213

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **1750 E. Sunrise Blvd.**

Suite, Apt. #, etc.
27 **1750 E. Sunrise Blvd.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Ft. Lauderdale, Fl.**

City & State
28 **Ft. Lauderdale, Fl.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33304**

Country
25 **U.S.A.**

Zip
29 **33304**

Country
30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALLE, JOSE B. JR. MR
2000 W COMMERCIAL BLVD
STE 229
FT LAUDERDALE FL 33309**

81 Name
Jack A. Furman

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1750 E. Sunrise Blvd.**

84 City
Ft. Lauderdale

85 Zip Code
FL 33304

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 *Jose B. Valle* **3-26-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE X VP	<input type="checkbox"/> DELETE	1.1 TITLE President & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X VALLE, JOSE B. JR.		1.2 NAME Frank V. Grieco	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		1.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		1.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE X CD	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X WIENER, A. B.		2.2 NAME Alan B. Levan	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		2.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		2.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE X VP	<input type="checkbox"/> DELETE	3.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X SCHUBERT, PAUL		3.2 NAME William Aber	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		3.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		3.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE X VP	<input type="checkbox"/> DELETE	4.1 TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X RODRIGUEZ, CECILIA M.		4.2 NAME Jean Carvalho	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		4.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		4.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE X VP	<input type="checkbox"/> DELETE	5.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X RODRIGUEZ, CECILIA M.		5.2 NAME Jasper R. Eanes	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		5.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		5.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE X VP	<input type="checkbox"/> DELETE	6.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME X RODRIGUEZ, CECILIA M.		6.2 NAME Jasper R. Eanes	
STREET ADDRESS X 2000 W COMMERCIAL BLVD		6.3 STREET ADDRESS 1750 E. Sunrise Blvd.	
CITY-ST-ZIP X FT LAUDERDALE FL		6.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jasper R. Eanes* **3-27-97**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)