

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36406 (4)

1. Corporation Name
BPCD CORP.

Principal Place of Business

**33 SW 2 AVE
MIAMI FL 33130**

Mailing Address

**33 SW 2 AVE
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0375770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**ALAN R. HECHT
2670 NE 215 ST
MIAMI FL 33180**

10. Name and Address of Now 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 of agent or certified officer of registered agent and officer of corporation

Signature of Registered Agent (Signature required when appointing)

(Date)

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

**D
DONNER, WILLIAM I.
33 SW 2 AVE
MIAMI FL**

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.1 TITLE

13.2 NAME

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13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or consolidated 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 partner 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 of this report or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM DONNER, PRES.

4/26/95

375-9422

Deputy Clerk